



Pre-Service Check-In for our Early Morning & Late-Evening Customers

HOW TO USE THIS FORM:

1. Print this form and fill out completely. Place in a sealed envelope together with your keys.
2. Label your envelope with the following information: your name; car make, model, plate and color.
3. Drop off envelope in the mail slot in the shop front door.

Please make sure your vehicle is parked properly and locked.

Name:
Address including zip code:
Primary contact number:
E-mail address:

Year, Make & Model
Color
Plate:

Service Request Checklist

- Oil & Filter Change
- C/V Joints
- Fluid Leak
- Service Lights
- Maintenance Interval
- Steering Concern
- Belts/Hoses
- Fuel System
- Brakes
- Air Conditioning
- Exhaust
- Trip Check
- Suspension Concern
- Cooling System
- Transmission
- Electrical
- Other (explain)

Symptoms

- Hard to start
- Misses
- Smokes
- Stalls
- Pings
- Brake Pulls
- Runs Poorly
- Clicks on Turns
- Brake Noise
- Hesitation
- Shudders
- Brake Pulsation
- Others (explain)

Circumstances

- When cold
- When accelerating
- When hot
- When turning
- When braking
- Others (explain)

I hereby authorize you and/or your employees to operate the vehicle therein described on street, highways and elsewhere for the purpose of testing and/or inspection.

I understand that NO service shall be performed until I approve of your written/verbal estimate.

Signature:

Date & Time:
