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**Customer Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

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**YEAR** \_\_\_\_\_

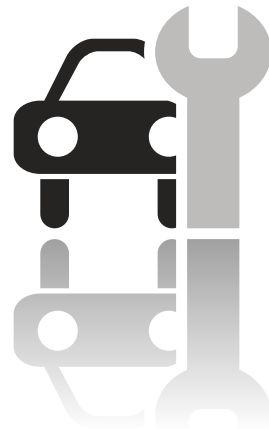
**MAKE** \_\_\_\_\_

**MODEL** \_\_\_\_\_

**COLOR** \_\_\_\_\_

**LICENSE PLATE** \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Change Oil and Filter | <input type="checkbox"/> Check Engine Light On |
| <input type="checkbox"/> State Inspection      | <input type="checkbox"/> Air Conditioner Check |
| <input type="checkbox"/> Brake Inspection      | <input type="checkbox"/> Battery Problems      |
| <input type="checkbox"/> Overheating           | <input type="checkbox"/> Vibration or Noise    |
| <input type="checkbox"/> Low Fuel Mileage      | <input type="checkbox"/> _____ Mile Service    |
| <input type="checkbox"/> Pre-Trip Inspection   | <input type="checkbox"/> Replace Wipers        |



**Other Services Needed/Description of Problem**

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**Customer Signature** \_\_\_\_\_