



Counter Form

Please provide us with the following information:

Name:

Work Phone:

Home Phone:

Cell Phone:

Other Phone:

Where can we reach you today? Work Home Cell Other

Primary E-mail:

Alternate E-mail:

Fax:

About your vehicle

Year:

Make:

Model:

Has your car been here before? Yes No

What would be a good date and time for this service?

We will call you to confirm.

Wait: (Oil changes only: please specify time you would like to pick up your vehicle in the Services box below)

Drop off: (We have a night-drop box at the back of the building)

Please list the services you want us to carry out:

Factory Recommended Maintenance service for this mileage

Oil & Filter Change Lubrication

A/C Service Check Brakes

Service Engine Cooling System Rotate Tires

Other:

Preferred form of confirmation:

E-mail Fax

Home Phone Work Phone