



## 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