## PRE-SERVICE CHECK IN SHEET

DATE _	/	_/	_
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NAME	YEAR	MAKE MODEL		
ADDRESS	VIN N	0		
CITY STATE Z		ISE NO COLOR		
PHONE CELL		AGE DEL. DATE		
EMAIL	l			
HOW DID YOU HEAR ABOUT US?		THESE REPAIRS BE COVERED BY: ANTY?   EXTENDED SERVICE PLAN?		
SERVICE REQUESTED				
☐ LUBRICATION ☐ CHECK ENGINE ☐ VIBRATION/NOISES ☐	CHECK AIR CONDITIONE CHECK HEATER CHECK EXHAUST SYSTE DO ENGINE TUNE-UP CHECK COOLING SYSTE	☐ ENGINE OIL LEAK  M ☐ CHECK SHOCKS & STEERING ☐ ROTATE TIRES		
DRIVEABILITY				
☐ TRANSMISSION NOISE ☐ ENGINE RUNS ERRATIC ☐		COLD		
OTHER CONCERNS / SERVICES NEEDED:				
articles left in vehicle in case of fire, theft or any other cause described on streets, highways, or elsewhere for the purpos secure the amount of repairs thereto. Payment is expected	e beyond your control. I hereby grant you a se of testing and/or inspection. An express on completion of repairs.All Vehicles left o' prepairs unless otherwise stated. All part / TO PERFORM ANY NEEDED REPAIRS	agree that you are not responsible for loss or damage to vehicle or and/or your employees permission to operate the vehicle herein garagekeeper's lien is hereby acknowledged on above vehicle to ver 48 hrs. after repairs are completed WILL INCUR A \$45.00 PER is installed are new unless otherwise stated. BY LAW YOU MAY, INSTALLATIONS, ADJUSTMENTS, OR SUBSEQUENT TESTS D FOR INSPECTION REGARDLESS OF PASS OR FAIL.		

**CUSTOMER SIGNATURE** 

SERVICE ADVISOR SIGNATURE





