GERMAN AUTO CLINIC

Customer Name _____

Address _____

City _____ **Zip** _____

Home Phone _____ **Business Phone** _____

Cell Phone _____ **Email Address** _____

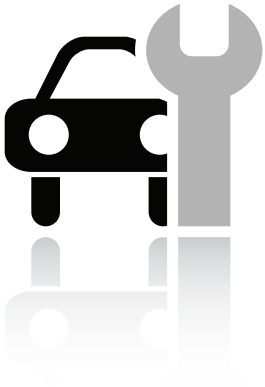
YEAR _____

MAKE _____

MODEL _____

COLOR _____

LICENSE PLATE _____



- ☐ Change Oil and Filter
- ☐ Tire Rotation
- ☐ Transmission Service
- ☐ Brake Inspection
- ☐ Inspect Tires
- ☐ Pre-Trip Inspection
- ☐ Check Engine Light On
- ☐ Engine Running Poorly
- ☐ Low Fuel Mileage
- ☐ Vibration or Noise
- ☐ _____ Mile Service
- ☐ Replace Wipers

Other Services Needed/Description of Problem

_____

_____

_____

_____

_____

_____

_____

Customer Signature _____