Customer Information

Name:		Phone:	Alt Pho	one:
Street Address:				
City:	State:	Zip:	Date:	
Vehicle Informatio	n			
Year:	Make:	Model:		Services Requested:
				🔲 Oil Change
License Plate Number:		Mileage:		Fluid Check
Color:	VIN:			🗌 Diagnostic
				(Specify Below)
D	ESCRIBE THE PROBLEM / DIAG	INOSTICS YOU ARE NEEDING		

Service Information

This Section To Be Completed By His Helping Hands											
Oil Change Specifics	Oil Condition	On Arrival	CHECKED AND OKAY								
Oil Filter Number:	□ Thick	MAY NEED FUTURE ATTENTION REQUIRES IMMEDIATE ATTENTION									
	🗌 Black	TIRES									
Oil Weight:	U Water Pre				Le	ft Front Tire ⁻	Tread	%			
Oil Brand:	🔲 Visible De										
Number of Quarts:					eft Rear Tire	Tire Tread %					
DIAGNOSTICS]	Right Rear Tire Tread %						
						FLUIDS					
					□ N/A	Overfille	ed	Wiper Fluid			
					□ N/A □ Overfilled Coo		Coolant				
					□ N/A □ Overfilled Brake		Brake Fluid				
					□ N/A	🗌 Overfille	ed	Engine Oil			
REPAIR ESTIMATES (Cont on Back)					□ N/A	🗌 Overfille	ed	Transmission			
Repair Description		Part Co	ost Labor Cost		Date Scheduled						

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