

TO OUR EARLY BIRD/NIGHT OWL CUSTOMERS

1. WRITE YOUR ORDER ON THIS FORM
2. LEAVE YOUR VEHICLE ON OUR LOT - LOCKED
3. PLACE FORM AND KEYS IN NIGHT DROP ENVELOPE THEN SLIP IN SLOT

NAME _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

CELL PHONE _____ ACCEPT TEXT: YES _____ NO _____

EMAIL ADDRESS _____

MAKE _____ YEAR _____

MODEL _____ LICENSE # _____

- | | |
|--|--|
| <input type="checkbox"/> Oil and Filter Change | <input type="checkbox"/> Check Engine Light On |
| <input type="checkbox"/> Tire Rotation & Balance | <input type="checkbox"/> Engine Running Poorly |
| <input type="checkbox"/> Transmission Service | <input type="checkbox"/> Vibration or Noise |
| <input type="checkbox"/> Brake Inspection | <input type="checkbox"/> Differential Service |
| <input type="checkbox"/> Inspect Tires | <input type="checkbox"/> Replace Wipers |
| <input type="checkbox"/> Pre-Trip Inspection | <input type="checkbox"/> AC/Heating Issues |
| <input type="checkbox"/> Pre-Purchase Inspection | <input type="checkbox"/> Check Filters |
| <input type="checkbox"/> Alignment | <input type="checkbox"/> Power Steering Flush |
| <input type="checkbox"/> Coolant Service | <input type="checkbox"/> Brake Flush |
| <input type="checkbox"/> Fuel Induction Service | <input type="checkbox"/> _____ Mile Service |



Other Services Needed/Description of Problem
