



## VEHICLE DROP-OFF FORM

Customer Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Phone # \_\_\_\_\_  
Email Address \_\_\_\_\_

YEAR \_\_\_\_\_  
MAKE \_\_\_\_\_  
MODEL \_\_\_\_\_  
COLOR \_\_\_\_\_  
LICENSE PLATE \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Change Oil and Filter | <input type="checkbox"/> Check Engine Light On          |
| <input type="checkbox"/> Tire Rotation         | <input type="checkbox"/> Engine Running Poorly          |
| <input type="checkbox"/> Transmission Service  | <input type="checkbox"/> PA State Inspection & Emission |
| <input type="checkbox"/> Brake Inspection      | <input type="checkbox"/> Vibration or Noise             |
| <input type="checkbox"/> Inspect Tires         | <input type="checkbox"/> _____ Mile Service             |
| <input type="checkbox"/> Pre-Trip Inspection   | <input type="checkbox"/> Replace Wipers                 |

Other Services Needed/Description of Problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Customer Signature \_\_\_\_\_ Date: \_\_\_\_\_