

CUSTOMER INFORMATION



☐ FIRST VISIT CUSTOMER

☐ FIRST VISIT THIS VEHICLE

☐ RETURN VISIT CUSTOMER

☐ RETURN VISIT THIS VEHICLE

☐ NEW CONTACT INFORMATION

PLEASE PRINT CLEARLY

CONTACT INFO

RESPONSIBLE PARTY'S NAME _____ PHONE _____

PREFERRED CONTACT NAME _____

☐ EMAIL _____ ☐ PHONE/TEXT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

VEHICLE INFO

VEHICLE YEAR _____ MAKE _____ MODEL _____

Are you aware of your vehicle's factory requirements for Scheduled Preventive Maintenance? ☐ YES ☐ NO

Please indicate the most important benefits you want from your vehicle:

☐ Maintain Performance and Handling

☐ Safety and Reliability

☐ Not having to bring in your vehicle
for repairs / convenience

☐ Just getting to your destination

Do you have any of the following WARNING lights on?

☐ Air Bag / SRS

☐ Maintenance / Maintenance Required

☐ RED Brake Light

☐ Check Engine / Service Engine Soon

☐ Low Coolant

☐ Other _____

☐ Low Tire

My areas of concern about my vehicle are:

☐ Emissions

☐ Drivability

☐ Oil Change

☐ Check Engine Light

☐ Heating

I NORMALLY USE:

☐ Brakes

☐ Cooling

☐ Full Synthetic

☐ Lighting

☐ Transmission

☐ 'Regular' Oil
Synthetic Blend

☐ Leaks

☐ Engine

☐ Electrical

☐ Other _____

☐ Suspension, Steering, Alignment

Who May We Thank For Referring You to My Mechanic?

☐ ONLINE REVIEWS

☐ Yelp!

☐ Google

☐ Instagram/Facebook

☐ MY MECHANIC WEBSITE

☐ FLYER

☐ CUSTOMER _____

☐ OTHER _____

☐ BNI _____

Please briefly describe why you brought your vehicle to My Mechanic today?

CUSTOMER ACKNOWLEDGMENT

I hereby acknowledge My Mechanic is not responsible for any loss due to theft, fire, accidents, vandalism, or other casualties. I hereby grant My Mechanic employees permission to test drive my vehicle on and off premises. Prior to any vehicle repairs, I will be notified of all charges for vehicle repairs, at which time I will either give a verbal or written consent for the repairs to be performed. I understand additional or unforeseen repairs may be required on vehicle, which I will be advised of beforehand.

SIGNATURE _____ DATE _____

