

Est.

CUSTOMER INFORMATION



- FIRST VISIT CUSTOMER
- RETURN VISIT CUSTOMER
- NEW CONTACT INFORMATION

- FIRST VISIT THIS VEHICLE
- RETURN VISIT THIS VEHICLE

PLEASE PRINT CLEARLY

CONTACT INFO

RESPONSIBLE PARTY'S NAME _____ PHONE _____

PREFERRED CONTACT NAME _____

EMAIL _____ PHONE/TEXT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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:

- | | |
|---|---|
| <input type="checkbox"/> Maintain Performance and Handling | <input type="checkbox"/> Safety and Reliability |
| <input type="checkbox"/> Not having to bring in your vehicle
for repairs / convenience | <input type="checkbox"/> Just getting to your destination |

Do you have any of the following WARNING lights on?

- | | |
|--|---|
| <input type="checkbox"/> Air Bag / SRS | <input type="checkbox"/> Maintenance / Maintenance Required |
| <input type="checkbox"/> RED Brake Light | <input type="checkbox"/> Check Engine / Service Engine Soon |
| <input type="checkbox"/> Low Coolant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Low Tire | |

My areas of concern about my vehicle are:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Emissions | <input type="checkbox"/> Drivability |
| <input type="checkbox"/> Check Engine Light | <input type="checkbox"/> Heating |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Cooling |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Leaks | <input type="checkbox"/> Engine |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Suspension, Steering, Alignment | |

- Oil Change
I NORMALLY USE:
- | |
|--|
| <input type="checkbox"/> Full Synthetic |
| <input type="checkbox"/> 'Regular' Oil
<i>Synthetic Blend</i> |

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 _____