

# GT Automotive

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_

YEAR \_\_\_\_\_

MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

COLOR \_\_\_\_\_

LICENSE PLATE \_\_\_\_\_



Change Oil and Filter

Tire Rotation

Transmission Service

Brake Inspection

Inspect Tires

Pre-Trip Inspection

Check Engine Light On

Engine Running Poorly

Low Fuel Mileage

Vibration or Noise

\_\_\_\_\_ Mile Service

Replace Wipers

Other Services Needed/Description of Problem

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

Customer Signature \_\_\_\_\_