

GT Automotive

Customer Name _____

Address _____

City _____ Zip _____

Home Phone _____ Business Phone _____

Email Address _____

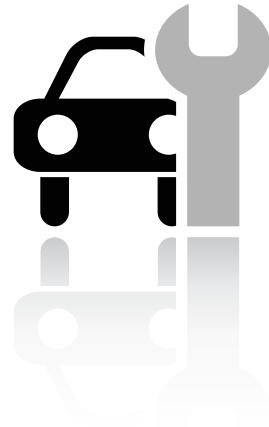
YEAR _____

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 _____