

CUSTOMER INFORMATION



<input type="checkbox"/> FIRST VISIT CUSTOMER	<input type="checkbox"/> FIRST VISIT THIS VEHICLE
<input type="checkbox"/> RETURN VISIT CUSTOMER	<input type="checkbox"/> RETURN VISIT THIS VEHICLE
<input type="checkbox"/> 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:

<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"/> Oil Change
<input type="checkbox"/> Check Engine Light	<input type="checkbox"/> Heating	<i>I NORMALLY USE:</i>
<input type="checkbox"/> Brakes	<input type="checkbox"/> Cooling	<input type="checkbox"/> Full Synthetic
<input type="checkbox"/> Lighting	<input type="checkbox"/> Transmission	<input type="checkbox"/> 'Regular' Oil <i>Synthetic Blend</i>
<input type="checkbox"/> Leaks	<input type="checkbox"/> Engine	
<input type="checkbox"/> Electrical	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Suspension, Steering, Alignment		

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

Who May We Thank For Referring You to My Mechanic?

ONLINE REVIEWS

- Yelp!
- Google
- Instagram/Facebook

MY MECHANIC WEBSITE

FLYER

CUSTOMER _____

OTHER _____

BNI _____

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 _____

