

OFFICE USE ONLY

YEAR _____ MAKE _____ MODEL _____
MILEAGE _____ LICENSE # _____ PRO DATE _____
VIN _____

Customer/ Vehicle Check In

*Every vehicle that comes into our shop receives a fluid and safety check, we will notify you of any concerns.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME # _____ CELL # _____
EMAIL _____

*How did you hear about us?
 Return Customer Local Paper
 Online Reviews Website
 Advertisement Friend
Referred by whom? _____

*Would you like to be added to our email list for email offers? Yes No

Routine Maintenance

- Oil & Filter Change
- Filter Change:
 - Fuel/Air/Cabin Air
- Brake Fluid Flush
- Power Steering Flush
- Cooling System Flush
- Transmission Service
- Differential Service F / R
- Tire Rotation
- 30k/ 60k/ 90k/ 120k

Diagnostics

- Level 1 \$29.99
- Level 2 \$69.99
- Level 3 \$Hourly Rate
- Level 4 \$Hourly Rate

YES I received the diagnostic pamphlet describing our policies and procedures.

Please describe any symptoms you are experiencing to best help our technicians diagnoses your vehicle, be sure to note when, how often and in what condition your vehicle shows symptoms. Please be as descriptive as possible as the information provided will help to shorten the time needed for diagnosis thus lowering associated costs with the diagnostic procedure.

I hereby authorize service and/or diagnostics to be performed on my vehicles and any charges associated. I understand I will receive a call once diagnosis is complete with an estimate for repairs needed. I give Miles Automotive and employees permission to operate my vehicle as needed for testing and/or repairs.

*I understand storage fees of \$20 per day will be applied 3 days after you have been notified the diagnostics and/or repair has been completed. We are very limited on parking and can't have vehicles sitting on our lot.

Authorized by: _____ Requested Pick-up Time _____

*Payment is due upon pick-up of vehicle. We accept Cash, Check, Visa, MC & Discover