

SANTOS AUTO SERVICE CO.

QUALITY SERVICE SINCE 1981

AFTER HOURS DROP OFF FORM

CUSTOMER INFORMATION

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PRIMARY PHONE _____
SECONDARY PHONE _____
EMAIL ADDRESS _____

VEHICLE INFORMATION

YEAR _____
MAKE _____
MODEL _____
COLOR _____
LICENSE _____

SERVICES REQUESTED

- | | |
|---|---|
| <input type="checkbox"/> _____ MILE SERVICE | <input type="checkbox"/> CHECK ENGINE LIGHT IS ON |
| <input type="checkbox"/> OIL & FILTER CHANGE | <input type="checkbox"/> ENGINE POOR PERFORMANCE |
| <input type="checkbox"/> TIRE ROTATION | <input type="checkbox"/> POOR FUEL MILEAGE |
| <input type="checkbox"/> BRAKE INSPECTION | <input type="checkbox"/> VIBRATION |
| <input type="checkbox"/> TRANSMISSION SERVICE | <input type="checkbox"/> DIFFERENTIAL SERVICE |
| <input type="checkbox"/> INSPECT FOR TRIP | <input type="checkbox"/> REPLACE WIPERS |
| <input type="checkbox"/> GENERAL INSPECTION / CHECK | <input type="checkbox"/> CHECK LIGHTS |

OTHER SERVICES NEEDED / DESCRIPTION OF PROBLEM
