



341 Page Boulevard  
Springfield, MA 01104  
 **413-781-6233**

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

**Address** \_\_\_\_\_

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

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

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

**YEAR** \_\_\_\_\_

**MAKE** \_\_\_\_\_

**MODEL** \_\_\_\_\_

**COLOR** \_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> Change Oil and Filter | <input type="checkbox"/> Check Engine Light On |
| <input type="checkbox"/> Tire Rotation         | <input type="checkbox"/> Engine Running Poorly |
| <input type="checkbox"/> Transmission Service  | <input type="checkbox"/> Low Fuel Mileage      |
| <input type="checkbox"/> Brake Inspection      | <input type="checkbox"/> Vibration or Noise    |
| <input type="checkbox"/> Inspect Tires         | <input type="checkbox"/> _____ Mile Service    |
| <input type="checkbox"/> Pre-Trip Inspection   | <input type="checkbox"/> Replace Wipers        |

### DROP BOX NOTICE

1. Complete drop-off form in it's entirety.
2. Park and lock vehicle on lot.
3. Place form and keys in night drop.

### Other Services Needed/Description of Problem

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

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