

SERVICE REQUEST FORM

Date: _____

CUSTOMER INFORMATION

Name: _____

Address: _____

Phone: _____ Alt Phone _____ Email _____

VEHICLE INFORMATION

Year _____ Make _____

Model _____ Engine _____

Odometer _____ License Plate# _____

Stock# _____ RO#/PO# _____

VIN# _____

SPECIFIC COMPLAINT: _____

PAYMENT INFORMATION (Please complete if paying by credit card via mail or phone)

I authorize the Diagnostic Charges and/or Repair charges to be applied to the following credit card (applicable sales tax, shipping and service charges may apply):

Name on Card _____

Type of Card (Visa, MC) _____ Exp Date _____ 3 Digit VCode (on Back) _____

Credit Card # _____

Signature of Authorized User _____

Please mark if you want us to complete the REPAIR upon receipt without calling with a diagnosis and price or if you want a call with a DIAGNOSIS & ESTIMATE before repair. In order to prevent costly mistakes we are unable to begin any work if your request is not marked and signed below.

COMPLETE REPAIR W/OUT CALLING – We already know the cost-JUST FIX IT!

DIAGNOSE & CALL WITH AN ESTIMATE

FOR ALL ITEMS THAT ARE NOT COMMON ISSUES & NEED TO BE DIAGNOSED- THE DIAG FEE MUST BE PAID IN ADVANCE, UNLESS YOU HAVE AN OPEN ACCOUNT IN GOOD STANDING, WHEN THE CLUSTER/VEHICLE IS BROUGHT IN.

\$75 FOR OTC ITEMS

\$120 FOR ALL VEHICLES

Requested by: (Print Name)

Signature: (Signature approves charges for work marked above)

Complete this form and sign where needed. Bring in with your cluster and/or vehicle; fax or mail with your cluster if shipping. Fax Number: 713.690.3722.