

PRE-SERVICE CHECK-IN SHEET

NAME: _____ YEAR: _____ MAKE: _____ MODEL: _____

ADDRESS: _____ VIN: _____

LICENSE NO: _____ COLOR: _____

CITY: _____ STATE: ____ ZIP: _____ MILEAGE: _____

CELL: _____ HOME: _____

(check preferred contact method)

REFERRED BY: _____ EMAIL: _____

SERVICE REQUESTED:

- | | | |
|--|--|--|
| <input type="checkbox"/> CHANGE OIL & FILTER | <input type="checkbox"/> CHECK BRAKES | <input type="checkbox"/> GENERAL INSPECTION |
| <input type="checkbox"/> CHECK AIR CONDITIONER | <input type="checkbox"/> CHECK HEATER | <input type="checkbox"/> CHECK COOLING SYSTEM |
| <input type="checkbox"/> CHECK ENGINE LIGHT FLASHING | <input type="checkbox"/> CHECK ENGINE LIGHT ON | <input type="checkbox"/> A/C SERVICE |
| <input type="checkbox"/> ENGINE OIL LEAK | <input type="checkbox"/> ENGINE TUNE-UP | <input type="checkbox"/> MILEAGE SERVICE _____ |
| <input type="checkbox"/> CHECK EXHAUST SYSTEM | <input type="checkbox"/> VIBRATION/NOISE | <input type="checkbox"/> TRANSMISSION SERVICE |
| <input type="checkbox"/> CHECK SHOCKS & STEERING | <input type="checkbox"/> ROTATE/BALANCE TIRES | <input type="checkbox"/> PRE-PURCHASE INSPECTION |

DRIVEABILITY:

- | | | |
|---|---|--|
| <input type="checkbox"/> ENGINE NOISE | <input type="checkbox"/> IDLES POORLY | <input type="checkbox"/> ENGINE STALLS/HESITATES |
| <input type="checkbox"/> ENGINE CRANKS/NO START | <input type="checkbox"/> ENGINE MISFIRING | <input type="checkbox"/> ENGINE LACKS POWER |
| <input type="checkbox"/> BRAKING PROBLEM | <input type="checkbox"/> TRANSMISSION NOISE | <input type="checkbox"/> TRANSMISSION PROBLEM |
| <input type="checkbox"/> STEERING PROBLEM | <input type="checkbox"/> SUSPENSION PROBLEM | <input type="checkbox"/> SUSPENSION NOISE |

OTHER CONCERNS / SERVICES NEEDED:

WE WILL CONTACT YOU WITH A VERBAL ESTIMATE FOR ANY WORK OTHER THAN PREVIOUSLY AUTHORIZED.

I UNDERSTAND THAT UNDER STATE LAW I AM ENTITLED TO A WRITTEN ESTIMATE: (Please check one)

- I REQUEST A WRITTEN ESTIMATE. **(PLEASE PROVIDE A VALID EMAIL ADDRESS ABOVE)**
- I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS REPAIR COSTS DO NOT EXCEED \$_____.
- I DO NOT REQUEST A WRITTEN ESTIMATE.

I hereby authorize the above work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspections. I agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control. I understand any cost quoted previously is an estimate only. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs. All vehicles left over 96 hours after repairs are completed will incur a \$20.00 per day storage fee. We accept cash, checks and most major credit cards. Any returned checks will incur a \$25.00 fee. Payment in full is expected on completion of repairs. Vehicles will be released on full payment.

X _____
CUSTOMER SIGNATURE

_____/_____/_____
PRINTED NAME

_____/_____/_____
DATE

AEA EMPLOYEE

TIME