

Early Bird & Night Owl

Pre-Service Check-In Envelope for our Early Morning & Late-Evening Customers

1. Write your order on the envelope
2. Park your car in a space and lock it
(Please do not block service bay doors)
3. Place your keys in this envelope
4. Drop completed envelope through mail slot

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Business Phone: _____

Mobile Phone: _____ E-mail Address: _____

Year: _____ Make: _____ Model: _____

License: _____ Mileage: _____ Color: _____

Service Request Checklist

- | | |
|--|---|
| <input type="checkbox"/> Oil & Filter Change | <input type="checkbox"/> Brakes |
| <input type="checkbox"/> C/V Joints | <input type="checkbox"/> Air Conditioning |
| <input type="checkbox"/> Fluid Leak | <input type="checkbox"/> Exhaust |
| <input type="checkbox"/> Service Lights | <input type="checkbox"/> Trip Check |
| <input type="checkbox"/> Maintenance Interval | <input type="checkbox"/> Suspension Concern |
| <input type="checkbox"/> Steering Concern | <input type="checkbox"/> Cooling System |
| <input type="checkbox"/> Belts / Hoses | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Fuel System | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Other (explain) _____ | |
- _____

Symptoms

- | | |
|--|--|
| <input type="checkbox"/> Hard to Start | <input type="checkbox"/> Runs Poorly |
| <input type="checkbox"/> Misses | <input type="checkbox"/> Clicks on Turns |
| <input type="checkbox"/> Smokes | <input type="checkbox"/> Brake Noise |
| <input type="checkbox"/> Stalls | <input type="checkbox"/> Hesitation |
| <input type="checkbox"/> Pings | <input type="checkbox"/> Shudders |
| <input type="checkbox"/> Brake Pulls | <input type="checkbox"/> Brake Pulsation |
| <input type="checkbox"/> Other (explain) _____ | |
- _____

Circumstances

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> When Cold | <input type="checkbox"/> When Turning |
| <input type="checkbox"/> When Accelerating | <input type="checkbox"/> When Braking |
| <input type="checkbox"/> When Hot | |
| <input type="checkbox"/> Other (explain) _____ | |
- _____

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:

I understand that there is a diagnostic fee of **\$97.95**.

- I request a written estimate. *Chad Miller Auto Care will perform **NO** services until a verbal estimate is provided.*
- I do not request a written estimate as long as the repair costs do not exceed \$_____. The shop may **NOT** exceed this amount without my written or oral approval.
- I would like my old parts upon completion of repair

Signed: _____ Date: _____

Notes

