Northshore

Customer Name _____

Address _____

City _____ Zip _____

Home Phone _____ Business Phone _____

Email Address _____

YEAR _____

MAKE _____

MODEL _____

COLOR _____

LICENSE PLATE _____

☐ Change Oil and Filter	☐ Check Engine Light On
☐ Tire Rotation	☐ Engine Running Poorly
☐ Transmission Service	☐ Low Fuel Mileage
☐ Brake Inspection	☐ Vibration or Noise
☐ Inspect Tires	☐ _____ Mile Service
☐ Pre-Trip Inspection	☐ Replace Wipers

Other Services Needed/Description of Problem

_____

_____

_____

_____

_____

_____

_____

Customer Signature _____