



1. Write service instructions on this form. Bring an envelope with you.
2. Lock your car and place keys and this form in your envelope and seal.
3. Sign at bottom of this form and drop the envelope into our mail slot inside the black night drop box.
4. FOR BODY DAMAGE-Please leave copy of insurance estimate if you have one or email a copy to us at [info@newlebanonbody.com](mailto:info@newlebanonbody.com)

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

Address \_\_\_\_\_

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

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

Cell 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        |



Other Services Needed/Description of Problem

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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