

# ROBERT'S

## AUTO REPAIR

THE PREMIER AUTO REPAIR CENTER

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

Address \_\_\_\_\_

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

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

Email Address \_\_\_\_\_

YEAR \_\_\_\_\_

MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

COLOR \_\_\_\_\_

LICENSE PLATE \_\_\_\_\_



☐ Change Oil and Filter

☐ Tire Rotation

☐ Transmission Service

☐ Brake Inspection

☐ Inspect Tires

☐ Pre-Trip Inspection

☐ Check Engine Light On

☐ Engine Running Poorly

☐ Low Fuel Mileage

☐ Vibration or Noise

☐ \_\_\_\_\_ Mile Service

☐ Replace Wipers

Other Services Needed/Description of Problem

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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