

# Holzhauser's AUTO SERVICE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BEST WAY TO CONTACT YOU: **(PLEASE CHECK)**

( ) HOME: \_\_\_\_\_ ( ) BUSINESS: \_\_\_\_\_

( ) CELL: \_\_\_\_\_ ( ) EMAIL: \_\_\_\_\_

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YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

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

<ul style="list-style-type: none"><li><input type="checkbox"/> Change Oil Filter     _____ Synthetic   _____ Conventional</li><li><input type="checkbox"/> Tire Rotation</li><li><input type="checkbox"/> Transmission Service</li><li><input type="checkbox"/> Brake Inspection</li><li><input type="checkbox"/> Inspect tires</li><li><input type="checkbox"/> Pre-Trip Inspection</li><li><input type="checkbox"/> _____ Mile Service</li><li><input type="checkbox"/> Maryland State Inspection</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Check Engine Light On</li><li><input type="checkbox"/> Replace Wipers</li><li><input type="checkbox"/> Engine Running Poorly</li><li><input type="checkbox"/> Vibration or Noise</li><li><input type="checkbox"/> Lights</li><li><input type="checkbox"/> Oil Leak</li><li><input type="checkbox"/> Air Conditioning</li><li><input type="checkbox"/> Cooling System</li><li><input type="checkbox"/> Alignment</li></ul>
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Other Services Needed/Description of Problem:

\_\_\_\_\_

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\_\_\_\_\_

SIGNATURE: \_\_\_\_\_