



Customer Vehicle Check In

CLIENT INFORMATION:

Name: \_\_\_\_\_ Appointment:  Yes  No

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

- Cell
 Home
 Work

VEHICLE INFORMATION:

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

Mileage: \_\_\_\_\_ Date you need work completed: \_\_\_\_\_

Reason for Visit:

How did you hear about us? \_\_\_\_\_

REQUESTED SERVICES:

Check all that apply:

- VA Safety  VA Emissions  Rotation  Synthetic Oil Change  Regular Oil Change

\*Unless otherwise specified we will follow manufacturer specs

\*\*THERE IS A MINIMUM \$140.00 DIAGNOSTIC CHARGE Save Old Parts:  Yes  No

By signing this document, I authorize the above repairs and accept the diagnostic charge.
I also authorize the vehicle to be test driven. If additional work is required, please contact me for approval.
I understand that IM Autohaus is not responsible for lost, stolen or damaged items left in my vehicle.

Customer Signature: \_\_\_\_\_ OK to install IM Autohaus tag frame:  Yes  No

PLEASE PLACE THIS PAPER AND YOUR KEYS IN ENVELOPE AND DROP IN SLOT

Most repairs include a 24 month / 24,000 mile warranty on new parts unless otherwise stated.
All warranty repairs must be performed by IM Autohaus and cannot exceed original cost of repairs.