



1694 Chatham Parkway
Savannah, GA 31405



(912) 200-8498

Customer Name _____

Address _____

City _____ **Zip** _____

Home Phone _____ **Business Phone** _____

Email Address _____

YEAR _____

MAKE _____

MODEL _____

MILEAGE _____

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 |

DROP BOX NOTICE

1. Complete drop-off form
1. Complete drop-off form in it's entirety.
2. Park and lock vehicle on lot.
3. Place form and keys in night drop.

Other Services Needed/Description of Problem

Customer Signature _____