



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** \_\_\_\_\_

☐ 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

### 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** \_\_\_\_\_