

NEW CUSTOMER FORM

Name _____ Spouse _____

Address _____

City _____ Zip _____

Email _____

Phone

Home _____ Cell _____ Work _____

Drivers License # _____

Birth date: Month _____ Day _____ Spouses Birth date: Month _____ Day _____

How would you like to be contacted? Phone Email Text

How did you hear about us?

Reason for visit

Would you like a free 30 point courtesy check? Yes No

We have a credit program that offers interest free financing. Would that interest you? Yes No

I authorize you and/or your employees permission to operate the car or truck herein described on street, highways or elsewhere for the purpose to testing and/or inspection. An express mechanic's lien is hereby acknowledged on car or truck herein to secure amount of repairs.

Signature _____ Date _____