



Customer/Vehicle Information Check In

Name: _____ Scheduled Appointment? Yes _____ No _____

New Customer? Yes _____ No _____ (if new customer or update to current, please include address below)

Address _____

How did you hear about us? _____

Best way to reach you: _____ (Home, Work, Cell, Other)

or _____ (Home, Work, Cell, Other)

Email Address: _____

By when do you need, or would you like, your car completed?: _____

Year: _____ Make: _____ Model: _____ Color: _____ Current Mileage (approx.): _____

Reason for your visit today: _____

Do you also need?

VA Safety: _____ VA Emissions: _____ Tires: _____ Alignment: _____

Oil Change: _____ are you currently running synthetic oil? Yes _____ No _____

Ask about the new oil requirements by VW/AUDI

****WE CHARGE FOR DIAGNOSTIC TIME****

Check Engine Light (1 hr.): _____ Other Diagnostic (1-2 hr.): _____

Save Old Parts? Yes _____ No _____

By signing below, I authorize the above repairs. I also authorize the "little things" such as bulbs & wiper blades up to \$20. If additional work is required, please contact me for approval. I understand VolksWerks, Inc. will not be responsible for lost, stolen or damaged items left in my vehicle.

Signed: _____ OK To Install VolksWerks tag Frame: Y _____ N _____



SORRY, NO PERSONAL CHECKS

**Most repairs are subject to a 24-month/24,000 mile warranty unless otherwise stated.
All warranty repairs to be performed by VolksWerks and cannot exceed the original cost of repair.**

Internal Use Only

VIN# _____ Pictures Taken by: (Initials) _____

License Plate # _____ Arrival Date/Time _____