

Customer/Vehicle Information Check In

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scheduled Appointment? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

New Customer? Yes\_\_\_\_\_\_ No\_\_\_\_\_ (If yes, or to update current address, please include address below)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home/ Work/ Cell)

Secondary #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home/ Work/ Cell)

Can we send you a Text: YES / NO

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

Preferred method of contact: (Phone #, Secondary #, Text, Email)

By what day & time would you like/need, your car completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for your visit today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you also need?

VA Safety: \_\_\_\_\_\_\_ VA Emissions: \_\_\_\_\_\_\_ Wiper Blades: \_\_\_\_\_\_\_

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

By signing below, I authorize the above repairs. I also authorize the “little things” such as bulbs & fluids. If additional work is required, please contact me for approval. I understand EuroWerks Virginia, Inc. will not be responsible for lost, stolen or damaged items left in my vehicle.

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to Install EuroWerks 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 EuroWerks Virginia, Inc. and cannot exceed the original cost of repair.

**Time:**

**Date:**

**Initials:**