

EARLY / LATE CHECK - IN FORM

Early Late

Scheduled appointment time: _____ Arrival time: _____

Scheduled delivery time: _____ Date: _____

Make/Model: _____ Vehicle Rego: _____

Customer Details: (Please Print)

Name: _____ Signature: _____ (Authority to carry out Repairs/Service)

Address: _____ Email: _____

Telephone: _____ Mobile: _____ Fax: _____

Company: _____ or Fleet Management Company: _____
(If applicable)

Service Required:

_____ Months OR _____,000 km's Routine Maintenance Service

For Example: 12 Months or 20,000 km's

Other Work or Special Instructions:

1. _____
2. _____
3. _____
4. _____

Detailing Services:

	<u>Bronze Medal^(*) Clean</u>	<u>Silver Medal Clean</u>	<u>Gold Medal Clean</u>	<u>Platinum Finish Detail</u>
Time Required for Service:	Same Day	2 days	2 days	2days
Passenger Vehicles	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$220.00
Commercial Vehicles	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$260.00

I would like to use the following Form of Payment:

- Cash Cheque EFTPOS Bank/Master Card Amex Visa Card
 Diners Club Fleet card
 Account (A/C Customer only): _____ (Account to be charged)

Dealer Use Only:

Service Advisor: _____ Called Customer: _____ am/pm / / Km's: _____

R/O No: TJ161 _____