

PAUL'S AUTO & TIRE -- Fill it out. Drop it off. E-Mail.

Name: _____ Phone: _____ Alt #: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Vehicle License Plate# _____

Vehicle Year: _____ Make: _____ Model: _____

Does the vehicle need to be picked up? If yes-Address and location of keys (within 5 mile- pick up free-for repairs only)

SERVICES Check Box-Enter Number in box next to desired service needed. Explain any other

Oil & Filter Change: 1 . Basic/Oil and Filter Full Service 3. Transmission Filter

Enter # Oil Type-1. Conventional Oil Semi Synthetic High Mileage Full Synthetic

Air Filter Fuel Filter Cabin Air Filter Antifreeze Windshield Washer Fluid

Tire Rotation Tire Repair Tire Replacement Tire Balancing

Tire Size _____ Location of Tire(s) needing repair/replaced or balanced

Left Front Right Front Left Rear Right Rear

Wheel Bearings-Location?

Left Front Right Front Left Rear Right Rear

Alignment 2 wheel 4 wheel

Brakes: Left Front Right Front Left Rear Right Rear

Radiator Heating A/C Exhaust Steering

Is Check Engine/Service Engine Light on? No Yes

Other Services Desired/Description of problem-Explain

Issue: _____

Authorization for repair/maintenance-I hereby authorize the above repairs be completed by filling out this form and sending this form. If an estimate is needed, please state on form.

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Call us with questions. (231) 873-5434