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DCH Kia of Temecula

Service
Promise to Care

Pre-Service Check-In

Dear DCH Kia of Temecula Customer,
To accelerate your visit with our service department and more accurately complete the service you request, please take a few moments to complete this form. Thank you for your patience and assistance.

NOTE: ***When completed, send us a TEXT at 909-816-8104, AND let us know the location of your keys.***

Name: _____ **Phone:** _____

☐ Mobile ☐ Home ☐ Business ☐ Ok to Text

Address: _____

City: _____ **State:** ____ **ZIP:** _____

Year: _____ **Make:** _____ **Model:** _____ **Color:** _____ **License No:** _____

Vehicle Identification Number (VIN), if available: _____ **Mileage:** _____

REQUESTED SERVICE

- ☐ Oil & Filter Change
- ☐ Tire Rotation
- ☐ Balance Wheels
- ☐ Washer Fluid Fill
- ☐ Wiper Blades
- ☐ Mileage Interval Service:
- ☐ Pre-Paid Maintenance Service Plan (Extended)
- ☐ Four Wheel Alignment
- ☐ Driveability: Please select:
- ☐ Fluid Leak - List Color:
- ☐ Multi-Point Inspection/System Inspection:

OTHER CONCERNS/SPECIAL NOTES/ADDITIONAL REQUESTS

_____

_____

_____

_____

_____

_____

I hereby authorize the above repair to be done along with the necessary material, parts and grant you and/or your employees permission to operate the vehicle described herein on streets, highways or elsewhere for the purpose of testing and/or inspection. In addition to this authorization, I permit the pre-tax sales amount indicated in Estimate box as my current limit and agree that DCH KIA OF TEMECULA will call me with an additional amounts needed prior to repair.

_____
Signature Authorizing Repair/Service Date

Estimate Amount Authorized: