

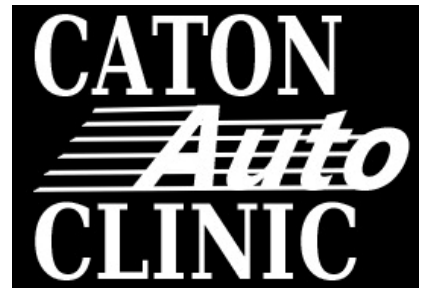
# Welcome to Caton Auto Clinic

*Passionately Driven Since 1975*

Welcome to our world. We strive to provide you with only the best service. Please

Fill out the below form and sign the bill of rights to better help us serve you.

You can expect a phone call when we get in tomorrow!



---

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Primary #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Who referred you: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_

How long do you plan to keep your car? \_\_\_\_\_

How often do you use this car? \_\_\_\_\_

The main problem with my car is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This problem happens:  All the time  Some of the time

How can we best make the problem show? \_\_\_\_\_

\_\_\_\_\_

What other concerns would you like us to address? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any recent work done elsewhere? If so what was done? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_