

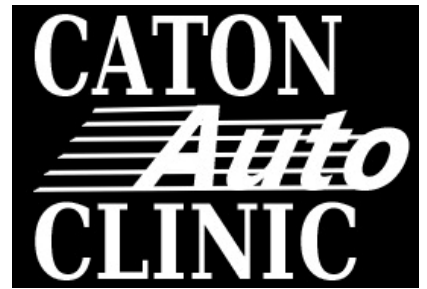
Welcome to Caton Auto Clinic

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? _____
