

## **Pre-Service Check-In**

Dear Kia 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.

			Mobile Home	Business	Ok to Text	
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	Make:	Model:	Color:		License No:	
e Identi	fication Number (VIN)	, if available:			Mileage:	
		REQUESTI	ED SERVICE			
Oil & Filter Change			Dri	Driveability: Please select:		
Tire Ro	tation					
Balance Wheels			Flu	Fluid Leak - List Color:		
Wash	er Fluid Fill					
Wiper Blades			Multi	Multi-Point Inspection/System Inspection:		
Mileag	ge Interval Service:					
Pre-Po	aid Maintenance Servic	e Plan (Extended)				
Four V	Wheel Alignment					
				_		
	OTHER CO	ONCERNS/SPECIAL	NOTES/ADDITIC	ONAL REQI	UESTS	
ter Othe	er concerns:					
<del> </del>						
rate the v norization,	orize the above repair to be d rehicle described herein on str I permit the pre-tax sales amo ional amounts needed prior to	eets, highways or elsewhere ount indicated in Estimate bo	for the purpose of tes	ting and/or insp		

Date

Signature Authorizing Repair/Service