Vehicle Check-In / Work Order

DOC-WO-01

Shop name: _____ Phone: _____ Email: _____

CUSTOMER & VEHICLE

Customer: _____ Vehicle: _____

Phone: _____ VIN / plate: _____

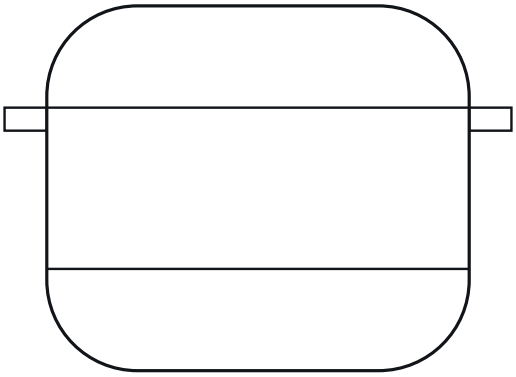
Email: _____ Mileage in: _____

SERVICES REQUESTED

- ☐ Window tint (shade: _____ windows: _____)
- ☐ Paint protection film (coverage: _____)
- ☐ Vinyl wrap (color/finish: _____)
- ☐ Ceramic coating (package: _____)
- ☐ Other: _____

WALKAROUND - PRE-EXISTING CONDITION

Mark damage on the diagram: S = scratch, D = dent, C = chip, R = rust, X = crack. Photograph all marked areas.



SIGN-OFF

Condition documented above is accurate. Work authorized per the shop's Liability Release & Work Authorization.

_____ _____

Customer signature / date Advisor signature / date