

Custom Multi-Point Inspection Form

7294-94

Product Description

Great way to improve customer satisfaction and generate additional work. We can custom print and create your own multi-point vehicle inspection form.

Product Specifications

- 11" x 17"
- 2-Part-Edge-Glued, Carbonless form
- 1/4" margin is required on each edge
- All parts will print same colors and copy
- Numbering available in Red ink only (at additional charge)
- Quantities: Minimum 500 / Incremental 500

Additional Information

Non Standard Ink Colors: Any (Additional Charge, applies to 1 color imprint only)

Proof Charge: Up to 3 Free

Plate Charge: No

Trim: Yes (Additional Charge)

Screens and Gradients: Yes

PMS Matching: N/A

Bleed: N/A

Turn Time: 1-2 weeks

Art Requirements

- High resolution (300dpi) or fully editable vector artwork is required.
- Preferred file formats are InDesign (.indd), Illustrator (.ai or .eps), or Photoshop (.psd).
- If unavailable, artwork can be recreated if one of the following is provided:
 1. Photo/scan of existing artwork
 2. Description of copy and desired layout.

Standard Stock Colors

Part 1	White
Part 2	Canary

Standard Ink Colors

Black

Production Notes (For Internal Use)

Production: 020

- InDesign file created using pre-set templates.
- Black imprint fulfillment

Production: 030

- InDesign file created using pre-set templates.
- 2-4 Color imprint fulfillment.

Production: 190

- Large quantity (5,000-20,000) fulfillment.
- PDF exported with all fonts outlined.
- Outline all fonts in Illustrator prior to production.

LEGITIMATE AUTOMOTIVE, LLC

Vin #: _____


RO/Tag: _____ Date: _____

Year/Model: _____ Mileage: _____ Advisor: _____ Tech: _____ Parts: _____

CHECKED TIRES
TREAD DEPTH MEASUREMENT

LEFT FRONT

RIGHT FRONT



LEFT REAR

RIGHT REAR

LEFT FRONT

RIGHT FRONT


WEAR PATTERN/DAMAGE

LEFT REAR

RIGHT REAR

CHECK BATTERY

State of Health



Condition of Terminals

Good Bad Declined Battery
(Clean if necessary)

CHECK FLUID LEVELS AND FILL

<p>OK FILL</p> <input type="checkbox"/> <input type="checkbox"/> Engine Oil	<p>OK FILL</p> <input type="checkbox"/> <input type="checkbox"/> Power Steering	<p>OK FILL</p> <input type="checkbox"/> <input type="checkbox"/> Transmission <small>(if equipped with dipstick)</small>
<input type="checkbox"/> <input type="checkbox"/> Brake Reservoir	<input type="checkbox"/> <input type="checkbox"/> Window Washer	<input type="checkbox"/> <input type="checkbox"/> Coolant Recovery Reservoir

CHECK BRAKES-MEASURE FRONT/REAR LININGS (IF ACCESSIBLE)

LEFT FRONT _____

RIGHT FRONT _____

LEFT REAR _____

RIGHT REAR _____

CHECKED AND OKAY AT THIS TIME

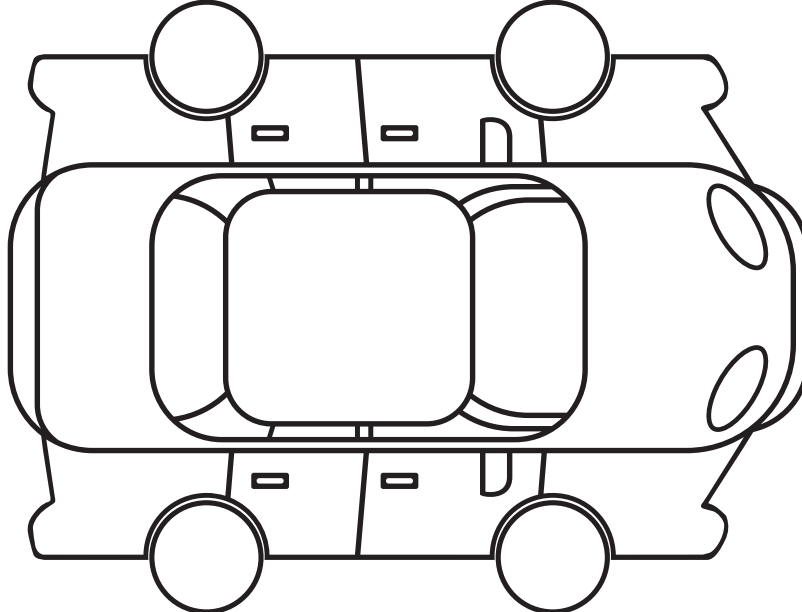
CHECK FOLLOWING SYSTEMS/COMPONENTS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operation of horn, exterior lamps, turn signals, hazard and brake lamps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspect air filter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windshield for cracks, chips, and pitting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windshield washer spray, wiper operation and wiper blades
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessory drive belt(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake system (including lines, hoses, and parking brake) and brake operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Constant velocity (CV) drive axle boots (if equipped)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drive shaft, transmission, u-joint and shift linkage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engine Cooling system, hoses and clamps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust system (leaks, damage, loose parts)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil and /or fluid leaks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shocks/struts and other suspension components for leaks and/or damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering and steering linkages

MAY REQUIRE FUTURE ATTENTION

REQUIRES IMMEDIATE ATTENTION

VEHICLE DAMAGE INSPECTION



Customer Initials _____

PRIME ITEM CONCERNS						
Item, Description & Part Number	Labor \$\$	Parts \$\$	Total \$\$	SOP	Authorized	
					Y	N
					Y	N
					Y	N
					Y	N
					Y	N
					Y	N
					Y	N
					Y	N
ADDITIONAL SERVICE RECOMMENDED						
Item, Description & Part Number	Labor \$\$	Parts \$\$	Total \$\$	SOP	Authorized	
					Y	N
					Y	N
					Y	N
					Y	N
					Y	N
					Y	N
					Y	N
TOTALS						
Total of Prime and ASR						
Method of Customer Approval:						Est. Tax & Misc.
Time and Date of Approval:						GRAND TOTAL: