

jiffylube

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ E-mail _____

Contact number where you can be reached during the service: _____

Vehicle Make _____ Model _____ Year _____

Preferred weight/type of oil: _____ or Manufacture Recommendation

Preferred Tire Pressure: Front _____ Rear _____ or Manufacture Recommendation

Tire Rotation: Yes _____ NO _____

Please leave us your keys.

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