



New Customer Information Form

Here at BA Auto Care, we are focused on delivering service excellence. By completing this new customer information form, we will be able to ensure greater quality in servicing your vehicle, as well as to align our services with your needs.

Name _____ PO# _____

Tag # _____

If tag # is not available, please provide: Year _____ Make _____ Model _____

Owned car since new? YES NO If NO, indicate number of years owned _____

Estimated miles driven per year _____ Primary use: Highway City Both

Please provide the following information about your last service:

Mileage _____ Date _____ Type of Service: 5K 15K 30K Oil Change Only

Approximately how often is your car serviced? Every _____ Months OR Every _____ Miles

How often do you check the oil level? _____ Do you have to add oil? Yes No

If you do have to add oil, how much? _____ How often _____

Do you have copies of your service records? Yes No

Type of oil used: Regular Synthetic Synthetic Blend

How long to you plan to keep the car?

less than 1 year 1 to 2 years more than 2 years or as long as possible

What best describes your vehicle maintenance history? *(please check only one)*

I have all my preventive maintenance done and want a safe and reliable vehicle

I only have service done that is recommended in the owner's manual

I do most of the services myself and take it to a shop for things I can't do

I have oil changes done regularly and repair something when it breaks

Other _____

Please list any problems or concerns with the vehicle.

Notes