



GTE ENGINEERING

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COSTUMER INFORMATION

Name: _____ Date: _____/20

Last Name: _____

Shop Phone: _____

Cell Phone: _____

Address: _____

Zip/Post Code: _____

Email: _____

AUTOMOTIVE INFORMATION

VIN Number: _____

Assembly Number: _____

Model/Year: _____

Mileage: _____

F1 _____ Manual Gear _____

Last Service Date: _____

Service Contact information: _____

Name of the Technician working on the car: _____

PROBLEM DISCRPTION

X _____