

**Carlines**

Violets Slinfold West Sussex RH13 0RA

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# BOOKING FORM

Please print and complete this form with as much information as possible and forward to us by post or fax.

## CLIENT DETAILS

Name .....  
UK Address.....  
.....  
.....  
Postcode .....  
  
Tel .....  
Fax.....  
Mobile .....  
Email .....

Invoice address (If different from above)  
.....  
.....  
.....  
Postcode .....

## VEHICLE DETAILS

Make/Model .....  
Reg.No.....  
Year of Manufacture .....  
Chassis No .....  
Estimated value .....  
Petrol Grade.....  
Current mileage.....  
Tyre Pressures F .....R .....

## Storage Details

Date from .....  
Date to .....

## Collection of Car (If required)

Location.....  
.....  
Date.....Time .....  
Driven / Transported (please indicate)

## IN-STORE SERVICE

(Please tick options you require)

**Maintenance Program**  YES  NO

(Please supply car with full tank of fuel)

### Requirements

- A. Wash and vacuum.
- B. Wash, vacuum and alloys.
- C. Wash, vacuum, alloys and de-tar or polish.
- D. Full valet.
- E. Leather treatment.
- F. Cut and polish.

### Car Cover

Rent  Purchase  Own cover supplied

### M.O.T Test

Arrange test while in store  
Expiry date .....  Cert. supplied

### Road Tax

Arrange continuation  
Expiry date .....  
 Registration document supplied

### Additional Requirements .....

.....  
.....

### Insurance

Continue own cover  Cert supplied  
 Require in-store insurance

I confirm that I am the owner of the above vehicle and that  
 my car has fire, theft and accidental damage and that  
I have notified my insurance company that my car is stored  
at Carlins subject to their terms and conditions. **OR**  
 I have chosen cover provided by Carlins.

Signed .....

Date .....