

Welcome to Auto House of Clovis, Inc.

In order to get you in our system properly, please fill out this form.

Full Name: _____

Address: _____ Zip: _____

Primary Phone: () _____ Cell or Home (Circle)

Do you prefer text messaging or phone calls? _____

Secondary Phone: () _____ Specify: _____

Email: _____

Secondary Person: _____ Relation: _____

How did you hear about us?

- | | | | |
|---------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Google | <input type="checkbox"/> 95.7 the Fox | <input type="checkbox"/> TV Commercial | <input type="checkbox"/> YP |
| <input type="checkbox"/> Yelp | <input type="checkbox"/> Facebook | <input type="checkbox"/> Yahoo! | <input type="checkbox"/> Merchant Circle |
| <input type="checkbox"/> Bing | <input type="checkbox"/> Print Ad | <input type="checkbox"/> KMPH | |

Referral/Other: _____

Vehicle Information

Year: _____ Make: _____ Model: _____

What brings you in today? _____
