



Napa AutoCare Elite BDG
E.O.S. Host Shop pre-visit
form

Shop Name	
Shop Address	
Owner Name	
Shop Phone Number	
# of years in business	
# of bays	
Total # of employees	
# of service advisors	
# of technicians	
# of days open per week	
# of lifts	
<u>Last years</u> gross store sales (optional)	
Average monthly # of repair orders (optional)	
Shop management software company?	
Customer courtesy shuttle?	
Customer loaner cars? How many?	

Employee Benefits:			
Yes/No		Yes/No	
Medical plan		Health club membership	
Family medical plan		Flexible hours	
Dental plan		Company vehicle use	
Disability plan		Profit sharing	
Pension plan		Sick pay	
Paid training		Uniforms (no charge)	
Paid vacations		Next benefit?	

Customer Amenities/Benefits:			
Yes/No		Yes/No	
After hours drop box		Comfortable chairs	
Magazines in waiting room		Diaper changing station	
Waiting room T.V.		AAA Certified	
Waiting room music		ASE Blue Seal Certified	
Coffee/beverage center		BBB Member	
Free Wi-Fi		Napa AutoCare	
Kids activities		Customer finance options	
Bathroom purse hook/table		Next benefit?	
Next benefit?		Next benefit?	



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Do you have any Involvement with local charities/community events?

Tell us a little about your business history:

Tell us a little about your current business status:

What are you're the biggest challenges you are facing?

(Ex. areas - Marketing, Human resources, Shop flow, Parts issues, Equipment, etc.)

Is there an area you would like us to pay particular attention to?

What is your future vision/goal for your business?

Additional Comments?