



AARO MVIS INSPECTION ORDER FORM



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MVIS INSPECTION FORM PRICING

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Price Per Book Is \$15.00 - Number of Books _____ \$_____

1 TO 3 BOOKS Shipping and handling fee: \$15.00

OR

4 TO 6 BOOKS Shipping and handling fee: \$20.00

OR

7 TO 9 BOOKS Shipping and handling fee: \$25.00

OR

10 + BOOKS TO BE DETERMINED BY SHIP TO LOCATION

Sub-Total: _____

HST 13% = _____

TOTAL = _____

ADDRESS TO SEND FORMS - PLEASE PRINT CLEARLY

MVIS NAME: _____

MVIS ADDRESS: _____

CITY: _____ Prov; _____

POSTAL CODE: _____ PHONE #: _____

MVIS STN#: _____

CONTACT NAME: _____

www.aaro.com
MOTOR VEHICLE INSPECTION REPORT
For use only with vehicles in the Vehicle Inspection Standard Reference System

MAKE _____ YEAR _____ MODEL _____ COLOUR _____
 VIN _____ LICENSE PLATE _____
 TECHNICIAN SIGNATURE _____ DATE _____
 REPORT: PASS _____ FAIL _____ REINSPECT _____
 DSC# _____

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SECTION 1 - FRONT END		PASS	FAIL
1	Engine (Leakage, Oil, Coolant, Air, Fuel, Exhaust, etc.)		
2	Exhaust System		
3	Oil Level (Oil Type, Quantity)		
4	Oil Pan		
5	Engine Air Filter		
6	Belts, Hoses & Pulleys		
7	Fluid Levels (Oil, Coolant, Brakes, etc.)		
8	Body Damage (Front End)		
9	Washer Fluid		
10	Electrical (Headlights, Taillights, Turn Signals, etc.)		
11	Lighting (Headlights, Taillights, Turn Signals, etc.)		
12	Registration (Tire Condition, etc.)		

SECTION 3 - BODY/UNDERBODY EQUIPMENT		PASS	FAIL
1	Exterior Body		
2	Interior Body		
3	Power Windows		
4	Door Locks		
5	Wipers		
6	Horn		
7	Seat Belts		
8	Child Seats		
9	Windows		
10	Wipers		
11	Horn		
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199	Windows		
200	Wipers		

SPECIMEN

PAYMENT INFORMATION: Visa MasterCard Cheque PayPal

Name on Credit Card: _____

Credit Card Number: _____

Expiry Date: ____/____/____ Validation 3 digit # (on back of card) _____

Authorizing Signature: _____

I _____, hereby authorize Automotive Aftermarket Retailers of Ontario (AARO) to charge my credit card for amount shown and specified charges for MVIS Inspection Reports. I will notify Automotive Aftermarket Retailers of Ontario (AARO) of any changes to this credit card or people authorized to request these changes.

FAX OR EMAIL COMPLETED FORM TO AARO OFFICE
Toll free fax 1-800-778-6430 OR Local 905-634-6274
Email : luanne.fedosoff@aaro.ca
OR
Mail Cheque to:
106 - 1005 Skyview Drive, Burlington, ON L7P 5B1