ORDER BLANK FOR GAS PUMP

NAME _____ (last name first)

DESCRIPTION OF CAR

Make _____

Year _____

Color _____

License No. _____

STATE AMOUNT DESIRED

Gas (no. of gals.) _____

Oil (no. of qts.) _____

Air (no. of lbs.) _____

Water _____

PARKING SPACE - EAST (_____) WEST (_____) NORTH (_____)

PLEASE LEAVES KEYS IN CAR !!!!!!!