



Educational Seminars Institute
Automotive Management Specialists

Shop Operations Information

Shop Operations Information

Educational Seminars Institute

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Reedit Card Processing

Credit card processor: _____

Credit card processor Support Phone number: _____



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Merchant Number: _____



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Location of instruction manual: _____

Credit card end of day procedure:

Which bank account or credit cards deposited into: _____



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Payroll

Pay periods: Payroll service: Yes No

Service name: Contact: Phone Number: Fax: Who contacts
payroll service?

Additional instructions for Payroll service:

Payroll done in house: Yes No



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Who does payroll:

Bonus / incentives plans affect pay: Yes No

Please describe in detail:

Additional instructions for payroll Banking information (please list all bank accounts savings accounts with the following information for each. Use additional sheets if needed.

Name of bank: _____

Type of account: _____ savings : _____ checking



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address of bank: _____

Bank phone number: _____

Banking contact: _____

Bank account number: _____

List authorized check signers: _____

Do you use online banking?

: _____ yes _____ URL for online banking: _____

Login: _____ password: _____

Secret question answer: _____

Please list all automatic payments and deductions and which account they come out of.

Date of payment/deduction: _____

Amount of payment/deduction: _____

Deduction payee: _____

Frequency of payment/deduction: ___ weekly monthly _____ other: _____

Please list all automatic payments and deductions and which account they come out of.

Date of payment/deduction: _____

Amount of payment/deduction: _____

Deduction payee: _____

Frequency of payment/deduction: ___ weekly monthly _____ other: _____

Number of payment/deduction: _____



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Security information

Location of alarm control box: _____

Alarm Company: _____

Alarm company phone number: _____

Alarm company contact: _____

Alarm security password- _____

Alarm disarm code and procedure: _____

Arm alarm code and procedure: _____

Shop Information

Shop name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): ___ - ___ - ___ ___ - ___ - ___ ___ - ___ - ___

Fax: ___ - ___ - ___ E-Mail Address: _____

Web site Address: _____

Cellular: ___ - ___ - ___

Shop management system: _____ Who has keys and access to shop?

Who is authorized to order and sign for parts?



Do you have multiple labor rates? Yes ___ No ___
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Shop rate: _____

When used: _____

Shop rate: _____

When used: _____

Shop rate: _____

When used: _____



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Special rates: _____

When used: _____

Major cross streets: _____

Car lines you do NOT work on? _____

Car lines you specialize in? _____

Do you do smog's? Yes ___ No ___ Smog Prices: _____

Methods of payment accept: Visa: _____ Master card _____ American Express: _____

Discover: _____ Debit cards: _____ Cash: _____ Checks: _____ On account: _____

Other: _____(Please describe)

What additional ID do you require for Checks?

Warranty

Do you have multiply warranties: Yes ___ No ___

If yes, please describe:

What is the length of your warranty?

What is your warranty policy?

Are there types of repairs you do not perform?



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Do you offer any discounts? Yes ___ No ___

Details: _____

Tax rate: _____



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Please provide a list of authorized charge customers:

Special services offered

Pick up / delivery: Yes ___ No ___

Hours of operation: _____

Details: _____

Shuttle service: Yes ___ No ___

Hours of operation: _____



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Details: _____

Car wash: Yes ___ No ___

Details: _____

Pagers: Yes ___ No ___

Details: _____

:



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Emergency contacts

In case of emergency, whom to contact:

Urgent Care facility: _____

Urgent care address: _____

Urgent care phone number: ___ - ___ - ____

Nearest Hospital: _____

Address _____

Shop Computer information

Shop management system: _____

Special instructions for computer:

Computer Technical support phone #: ___ - ___ - ____

Computer Technical support account #: _____

Computer Technical support access # _____

Computer Technical support hours: _____

Computer Technical support contact: _____



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Computer Log on instructions:

Passwords:

Computer: _____

Network: _____

Workstations: _____

Computer end of the day processes:



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Operation information

Do you have a printed inventory list? Yes ___ No ___

If yes, it is located where? -

Do you have a list of canned labor or canned jobs available? Yes ___ No ___

If yes, it is located where?

Do you have an employee manual? Yes ___ No ___ If yes, please provide a copy.

Please list your menu priced items: (Use additional paper if needed)

LOF: _____

Alignment: _____

Minimum charge: _____



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Service Advisors

Service Advisor 1

Name _____

Home phone: ___ - ___ - ____

Pager: ___ - ___ - ____

Cellular: ___ - ___ - ____

Hourly: _____ Salary: _____ Commission: _____ Pay scale: _____

Work hours: _____ to _____

Skill level:

Strong areas:

Weak areas:



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Service Advisor 2

Name _____

Home phone: ___ - ___ - ____

Pager: ___ - ___ - ____

Cellular: ___ - ___ - ____

Hourly: _____ Salary: _____ Commission: _____ Pay scale: _____

Work hours: _____ to _____

Skill level:

Strong areas:

Weak areas:



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Technical staff

Technician 1

Name _____

Home phone: ___ - ___ - ____

Pager: ___ - ___ - ____

Cellular: ___ - ___ - ____

Hourly: _____ Salary: _____ Commission: _____ Pay scale: _____

Work hours: _____ to _____

Skill level:

Strong areas:

Weak areas:



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Technician 2

Name _____

Home phone: ___ - ___ - ____

Pager: ___ - ___ - ____

Cellular: ___ - ___ - ____

Hourly: _____ Salary: _____ Commission: _____ Pay scale: _____

Work hours: _____ to _____

Skill level:

Strong areas:

Weak areas:



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Technician 3

Name _____

Home phone: ___ - ___ - ____

Pager: ___ - ___ - ____

Cellular: ___ - ___ - ____

Hourly: _____ Salary: _____ Commission: _____ Pay scale: _____

Work hours: _____ to _____

Skill level:

Strong areas:

Weak areas:



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Technician 4

Name _____

Home phone: ___ - ___ - ____

Pager: ___ - ___ - ____

Cellular: ___ - ___ - ____

Hourly: _____ Salary: _____ Commission: _____ Pay scale: _____

Work hours: _____ to _____

Skill level:

Strong areas:

Weak areas:



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Office personnel / Support Personnel

Name: _____ Job title: _____

Home phone: ___ - ___ - ____

Pager: ___ - ___ - ____

Cellular: ___ - ___ - ____

Work hours: _____ to _____

Area or responsibility:

Name: _____ Job title: _____

Home phone: ___ - ___ - ____

Pager: ___ - ___ - ____

Cellular: ___ - ___ - ____

Work hours: _____ to _____

Area or responsibility:



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Technical help lines & Services

Company: _____

Contact: _____

Phone numbers: ___ - ___ - ____

User ID: _____

Password: _____

Account number: _____

Company: _____

Contact: _____

Phone numbers: ___ - ___ - ____

User ID: _____

Password: _____

Account number: _____

Company: _____

Contact: _____

Phone numbers: ___ - ___ - ____

User ID: _____

Password: _____

Account number: _____



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Service Providers

Alarm:

Company: _____

Contact: _____

Phone numbers: ___ - ___ - ____

Access codes: _____

Alarm Password: _____

Internet Provider

Company: _____

Contact: _____

Phone numbers: ___ - ___ - ____

Insurance Companies:

Company: _____

Policy number: _____

Coverage type: _____

Phone Numbers: ___ - ___ - ____

Agent: _____



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Company: _____

Policy number: _____

Coverage type: _____

Phone Numbers: ___ - ___ - ____

Agent: _____

Company: _____

Policy number: _____

Coverage type: _____

Phone Numbers: ___ - ___ - ____

Agent: _____

Bank Information

Bank name: _____ -

Personal bank contact: _____ Phone Number: _____

Accountant

Firm Name: _____

Contact person: _____ Phone Number: _____

Attorney

Firm Name: _____

Contact person: _____ Phone Number: _____



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Uniform:

Company: _____

Phone numbers: _____

Drivers name: _____

Delivery day: _____

Vendors

Part suppliers

List parts suppliers in the order of preference:

Store name: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Internet accessible: Yes ___ No ___ URL: _____

Account log in: _____ Password: _____

Major lines:

Store name: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Internet accessible: Yes ___ No ___ URL: _____

Account log in: _____ Password: _____

Major lines:



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Store name: _____ **Contact:** _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___ **Payment method:** _____

Internet accessible: Yes ___ No ___ **URL:** _____

Account log in: _____ **Password:** _____

Major lines:

Store name: _____ **Contact:** _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___ **Payment method:** _____

Internet accessible: Yes ___ No ___ **URL:** _____

Account log in: _____ **Password:** _____

Major lines:

Store name: _____ **Contact:** _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___ **Payment method:** _____

Internet accessible: Yes ___ No ___ **URL:** _____



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Account log in: _____ Password: _____

Major lines:

Store name: _____ Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___ Payment method: _____

Internet accessible: Yes ___ No ___ URL: _____

Account log in: _____ Password: _____

Major lines:

Dealerships

List dealerships in order of preference:

Dealer name: _____ Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___ Payment method: _____

Car lines:

Dealer name: _____ Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___ Payment method: _____

Car lines:



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Dealer name: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Car lines:

Dealer name: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Car lines:

Dealer name: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Car lines:

Dealer name: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Car lines:



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Sublet Shops

Rental cars

Company: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Normal mark up: _____

Rate for shop paid cars: _____

Company: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Normal mark up: _____

Rate for shop paid cars: _____

Towing

Company: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Normal mark up: _____

Company: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Normal mark up: _____

Radiators

Company: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Normal mark up: _____



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Company: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Normal mark up: _____

Tires

Company: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Normal mark up: _____

Company: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Normal mark up: _____

Alignments

Company: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Normal mark up: _____

Any special warranty on alignment: _____

Company: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Normal mark up: _____

Any special warranty on alignment: _____



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Machine shop

Company: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Normal mark up: _____

Company: _____

Contact: _____

Phone numbers: ___ - ___ - ___ ___ - ___ - ___

Payment method: _____

Normal mark up: _____

Fleet Customers

Fleet customer: _____

Contact: _____

Special terms or rates: _____

Attaches a list of vehicles assigned to fleet:

Cost limits that apply: _____

Authorized signers on fleet: _____

Fleet customer: _____

Contact: _____

Special terms or rates: _____

Attaches a list of vehicles assigned to fleet:

Cost limits that apply: _____

Authorized signers on fleet: _____



Common part numbers

Part numbers for the following items:

Brake fluid: _____

Coolant: _____

P/s fluid: _____

Brake clean: _____

ATF: _____

Gear oil: _____

Oil: _____

Carb spray: _____

FI cleaners: _____

Additives: _____

_____ :

_____ :

_____ :

_____ :

_____ :

_____ :



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Referrals

Whom do you refer work to?

Glass:

Name: _____

Phone Number: ___ - ___ - ____ ___ - ___ - ____

Contact Person: _____

Upholstery:

Name: _____

Phone Number: ___ - ___ - ____ ___ - ___ - ____

Contact Person: _____

Body shop:

Name: _____

Phone Number: ___ - ___ - ____ ___ - ___ - ____

Contact Person: _____

Detail Shop:

Name: _____

Phone Number: ___ - ___ - ____ ___ - ___ - ____

Contact Person: _____



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Car stereos / Alarms:

Name: _____

Phone Number: ___ - ___ - ___ ___ - ___ - ___

Contact Person: _____

Additional information:
