

Fill it out. Drop it off.

Name: _____ Phone: _____ Alternate Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Vehicle Year: _____ Make: _____ Model: _____ VIN: _____

SERVICES: (circle all that apply)

Oil & Filter Change
Maintenance
Transmission Service
Brake Inspection

Brake Fluid Change
Tire Rotation
Alignment
Warning Light On

Replace Wipers
Check For Leaks
Pre-Purchase Inspection

SYMPTOMS: (circle all that apply)

Hard to start
Will not start
Starts but stalls
Pings or knocks
Fluid leaks

Idle speed is unsteady
Idle speed is too high
Hesitates or stalls
Stalls on deceleration or quick stop
Overheating

Continues to run after turned off
Backfires
Speed changes for no reason
Poor gas mileage (_____ MPG)

THE SYMPTOMS OCCUR DURING: (circle all that apply)

Accelerating Decelerating Cruising Braking At a speed of _____ MPH

THE SYMPTOMS OCCURE WHEN THE ENGINE IS: (circle all that apply)

Cold Warming up Normal Hot At all temperatures

THE SYMPTOMS OCCUR:

Rarely Intermittently All the time

THE SYMPTOMS STARTED:

Suddenly Gradually At _____ mileage/date

OTHER:
