

FILL IT OUT. DROP IT OFF.

Date: ____ / ____ / ____

Any cost quoted previously is an estimate only. Payment is expected on completion of repairs.

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Vehicle Year: _____ Make: _____ Model: _____

HOW DID YOU HEAR ABOUT US?

- ☐ Repeat customer ☐ Google ☐ Facebook ☐ Yelp ☐ BNI ☐ Advertisement ☐ Other: _____
- ☐ Referred by: _____

DO YOU HAVE AN EXTENDED WARRANTY? ☐ Yes ☐ No

SERVICES:

- ☐ Oil & Filter Change ☐ Tire Rotation ☐ Transmission Service ☐ Brakes ☐ A/C Service ☐ Trip Check
- ☐ 30,000 Mile Maintenance ☐ 60,000 Mile Maintenance ☐ 90,000 Mile Maintenance ☐ Replace Wipers
- ☐ Other: _____

SYMPTOMS: (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Hard to start | <input type="checkbox"/> Idle speed is unsteady | <input type="checkbox"/> Continues to run after turned off |
| <input type="checkbox"/> Will not start | <input type="checkbox"/> Idle speed is too high | <input type="checkbox"/> Backfires |
| <input type="checkbox"/> Starts but stalls | <input type="checkbox"/> Hesitates or stalls on acceleration | <input type="checkbox"/> Speed changes for no reason |
| <input type="checkbox"/> Pings or knocks | <input type="checkbox"/> Stalls on deceleration or quick stop | <input type="checkbox"/> Poor gas mileage (____ MPG) |
| <input type="checkbox"/> Leak _____ | <input type="checkbox"/> Noise _____ | <input type="checkbox"/> Vibration _____ |

SYMPTOMS OCCUR DURING: (Check all that apply)

- ☐ Accelerating ☐ Decelerating ☐ Cruising ☐ Braking ☐ At a speed of _____ MPH

SYMPTOMS OCCUR WHEN ENGINE IS: (Check all that apply)

- ☐ Cold ☐ Warming Up ☐ Normal ☐ Hot ☐ At all temperatures

SYMPTOMS OCCUR:

- ☐ Rarely ☐ Sometimes ☐ All the time

SYMPTOMS STARTED:

- ☐ Suddenly ☐ Gradually ☐ At _____ (mileage)