



Phone: _____ Alternate Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____
Vehicle Year: _____ Make: _____ Model: _____

SERVICES

- Oil & Filter Change Tire Rotation Transmission Service Brake Inspection Front End Alignment
 30,000 Mile Maintenance 60,000 Mile Maintenance 90,000 Mile Maintenance Replace Wipers

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) |

THE SYMPTOMS OCCUR DURING: (Check all that apply)

- Accelerating Decelerating Cruising Braking At a speed of _____ MPH

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

- Cold Warming Up Normal Hot At all temperatures

THE SYMPTOMS OCCUR:

- Rarely Sometimes All the time

THE SYMPTOMS STARTED:

- Suddenly Gradually At _____ (mileage)

Other: _____

Please Fill Out Form and Include Your Car Keys in Deposit Slot on Door.