

# Fill out this Form & drop it off at our location.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

## SERVICES

- 30K Mile Maintenance    60K Mile Maintenance    90K Mile Maintenance    Tire Rotation  
 Break Inspection    Oil & Filter Change    Front End Alignment    Trans. Service    Replace Wipers

## PROBLEMS: (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Hard to start         | <input type="checkbox"/> Idle speed is not constant                | <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"/> Car Backfires                     |
| <input type="checkbox"/> Car starts but stalls | <input type="checkbox"/> Hesitates or stalls during acceleration   | <input type="checkbox"/> Speed changes for no reason       |
| <input type="checkbox"/> Hard to start         | <input type="checkbox"/> Idle speed is not constant                | <input type="checkbox"/> Continues to run after turned off |
| <input type="checkbox"/> Pings or knocks       | <input type="checkbox"/> Car stalls on deceleration or quick stops | <input type="checkbox"/> Poor gas mileage (_____ MPG)      |

## TIMES WHEN THE PROBLEMS OCCUR: (Check all that apply)

- Accelerating    Decelerating    Cruising    Braking    At the speed of \_\_\_\_\_ MPH

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

- Cold    Warming Up    Normal    Hot    All Temperatures

## THE PROBLEMS OCCUR:

- Rarely    Frequently    All the time

## THE PROBLEMS STARTED:

- Suddenly    Gradually   At \_\_\_\_\_ (Mileage)

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_