Pre-Service Check In Sheet

Date:_____

Dear Service Customer:

To speed up your visit to our service department and to ensure the accurate and complete service you require, please take a few moments to complete this form. Thank your for your patience and assistance.

NAME _____

ADDRESS _____

CITY _____ ZIP _____

RES. PH. _____ BUS. PH. _____

CELL PH. _____ PAGER _____

E-MAIL:_____@_____._____

Where may we reach you – Home ☐ Work ☐
Other

OFFICE USE ONLY

YEAR _____ MAKE _____ MODEL _____
VIN:

License #_____ Color_____

MILEAGE_____ DEL DATE _____

SERVICE ADVISOR_____

SERVICE REQUESTED*

- ☐ Oil & Filter Change
- ☐ Flush Cooling System
- ☐ Air Conditioning Repair
- ☐ Service Brakes Front / Rear
- ☐ Tune-Up
- ☐ Handle "Check Engine" Light
- ☐ Replace Wiper Blades
- ☐ Repair or Replace Light: Dome / Glovebox / Head / Tail / Other
- ☐ Replace Shocks / Struts
- ☐ Alignment Front / Rear
- ☐ Tires Rotate / Balance
- ☐ Check Heating-A/C System
- ☐ Check Battery/Electrical/Start System
- ☐ Check Oil Leaks
- ☐ Check Exhaust System
- ☐ Check Brake System
- ☐ Check Suspension
- ☐ Check Transmission
- ☐ Check Front-Wheel-Drive System
- ☐ Check Steering
- ☐ State Inspection

DRIVING PROBLEMS *

DESCRIPTION OF PROBLEMS

- ☐ Noise / Vibration / Shudders
- ☐ Stalls
- ☐ Will Not Start or Turn Over
- ☐ Runs Rough
- ☐ Continues To Run
- ☐ No Power (passing, hills, etc)
- ☐ Transmission/Clutch Slips
- ☐ Jumps Out of Gear or Won't Engage
- ☐ Shifts Hard
- ☐ Pulls To One Side
- ☐ Smoking Exhaust
- ☐ Noisy Exhaust

HAPPENS WHEN

- ☐ When Cold
- ☐ When Hot
- ☐ When Idling
- ☐ When Driving
- ☐ When Turned Off
- ☐ When Braking
- ☐ When Accelerating
- ☐ When Slowing

FEEL or HEAR IT IN...

- ☐ Steering Wheel
- ☐ Front L R Ctr
- ☐ Rear L R Ctr
- ☐ Under the Shifter
- ☐ Under the Hood
- ☐ In the Dash
- ☐ Other _____

_____

* DETAILS OF PROBLEMS / OTHER SERVICE NEEDS OR CONCERNS: _____

_____

_____

Save Old Parts? Yes _____ No_____		Estimate: $
WE ACCEPT CASH, APPROVED CHECKS, VISA AND MasterCard, Amex & Discover. Payment is expected on completion of repairs.	AUTHORIZED BY _____	OKed By: