

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 you for your patience and assistance.

NAME _____

ADDRESS _____

CITY _____ ZIP _____

HOME PH. _____ CELL PH. _____

E-MAIL: _____@_____._____

Where may we reach you – Home Work Cell

What is the best way to contact – Call Text Email



SERVICE REQUESTED*

- | | | |
|--|--|---|
| <input type="checkbox"/> Oil & Filter Change | <input type="checkbox"/> Replace Wiper Blades | <input type="checkbox"/> Check Oil Leaks |
| <input type="checkbox"/> Flush Cooling System | <input type="checkbox"/> Repair or Replace Light:
Dome / Glovebox / Head / Tail / Other | <input type="checkbox"/> Check Exhaust System |
| <input type="checkbox"/> Air Conditioning Repair | <input type="checkbox"/> Replace Shocks / Struts | <input type="checkbox"/> Check Brake System |
| <input type="checkbox"/> Service Brakes Front / Rear | <input type="checkbox"/> Alignment Front / Rear | <input type="checkbox"/> Check Suspension |
| <input type="checkbox"/> Tune-Up | <input type="checkbox"/> Tires Rotate / Balance | <input type="checkbox"/> Check Transmission |
| <input type="checkbox"/> Handle "Check Engine" Light | <input type="checkbox"/> Check Heating-A/C System | <input type="checkbox"/> Check Front-Wheel-Drive System |
| <input type="checkbox"/> 30-60-90K-Other Service | <input type="checkbox"/> Check Battery / Electrical / Starter | <input type="checkbox"/> Check Steering |
| <input type="checkbox"/> Replace Timing Belt | | <input type="checkbox"/> State Inspection |

DRIVING PROBLEMS *

- | <u>DESCRIPTION OF PROBLEMS</u> | <u>HAPPENS WHEN</u> | <u>FEEL or HEAR IT IN...</u> |
|--|--|--|
| <input type="checkbox"/> Noise / Vibration / Shudders | <input type="checkbox"/> When Cold | <input type="checkbox"/> Steering Wheel |
| <input type="checkbox"/> Stalls | <input type="checkbox"/> When Hot | <input type="checkbox"/> Front L R Ctr |
| <input type="checkbox"/> Will Not Start or Turn Over | <input type="checkbox"/> When Idling | <input type="checkbox"/> Rear L R Ctr |
| <input type="checkbox"/> Runs Rough | <input type="checkbox"/> When Driving | <input type="checkbox"/> Under the Shifter |
| <input type="checkbox"/> Continues To Run | <input type="checkbox"/> When Turned Off | <input type="checkbox"/> Under the Hood |
| <input type="checkbox"/> No Power (passing, hills, etc) | <input type="checkbox"/> When Braking | <input type="checkbox"/> In the Dash |
| <input type="checkbox"/> Transmission/Clutch Slips | <input type="checkbox"/> When Accelerating | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Jumps Out of Gear or Won't Engage | <input type="checkbox"/> When Slowing | |
| <input type="checkbox"/> Shifts Hard | | |
| <input type="checkbox"/> Pulls To One Side | | |
| <input type="checkbox"/> Smoking Exhaust | | |
| <input type="checkbox"/> Noisy Exhaust | | |

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

Authorized by: _____

Signature