

Customer to Complete

Fill it Out....Drop it Off

Source: _____

For us to Best serve you, please complete ALL fields

Name: _____ Phone: _____ Alt. # _____

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ Email: _____

Vehicle Year: _____ Make: _____ Model: _____

Service Request: Transmission Diagnosis Transmission Repair Other

Symptoms (check all that apply)

- Shutter Delay in Shift RPMS Revving Whining
- Grinding Noise Harsh Shift Won't Move Slipping
- No Reverse No Forward Gears Failed Emissions Check Engine Light
- Transmission Temp. Light Other _____

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 Occur

- Suddenly Gradually At _____ MPH

Recent Automotive Repairs Y N

When _____ What _____

Previous Transmission Repair and/or Service Y N

When _____ What _____

Other: _____