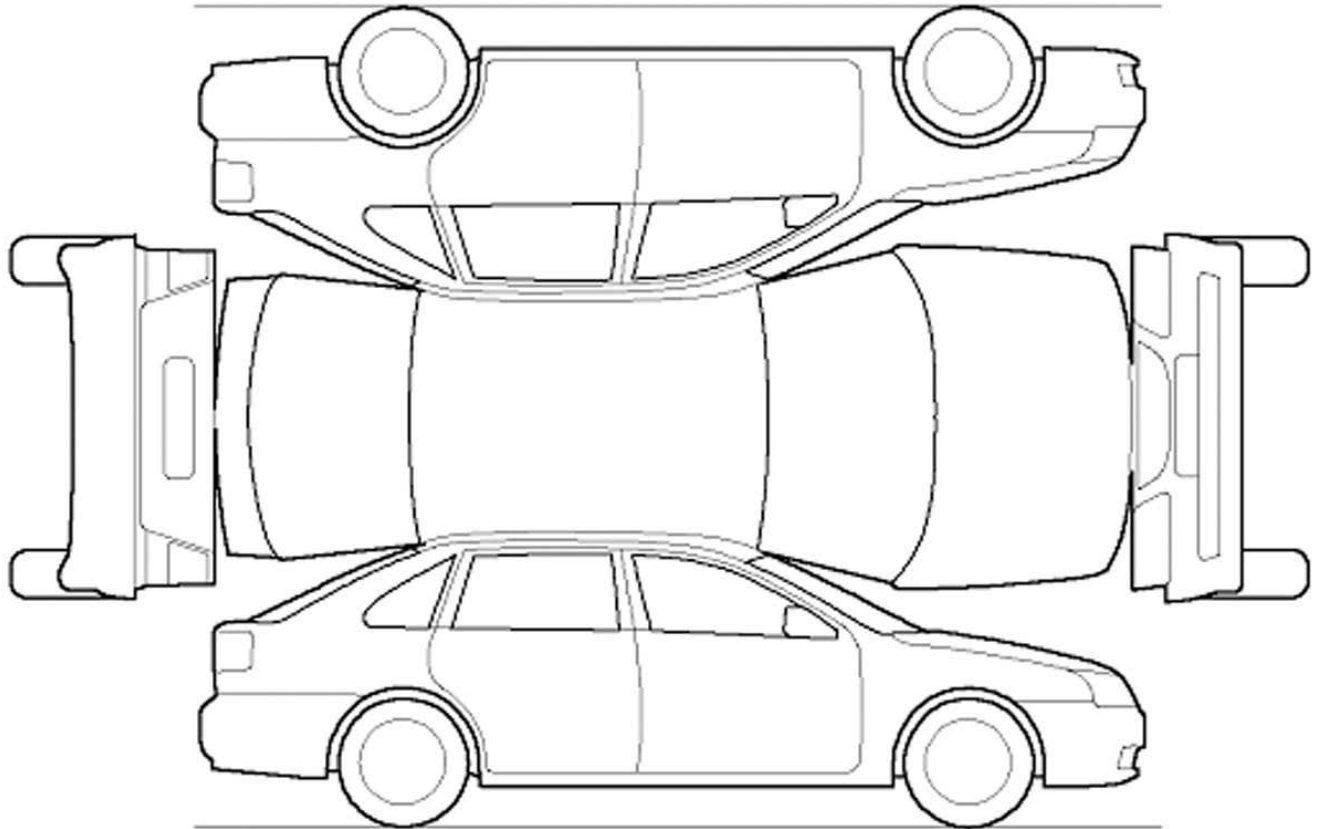


# VEHICLE WALK AROUND WORKSHEET



**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Staff Signature:</b>	<b>Date:</b>
<b>Customer Signature:</b>	<b>Date:</b>

# PRE-SERVICE CHECK IN SHEET

How did you hear about us? \_\_\_\_\_ Referred by: \_\_\_\_\_ Return Customer: \_\_\_\_\_

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

**Vehicle Information:** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

## SERVICE REQUESTED

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Oil & Filter Change   | <input type="checkbox"/> Replace Wiper Blades     | <input type="checkbox"/> Check Brakes |
| <input type="checkbox"/> Check Engine Light On | <input type="checkbox"/> Repair or Replace Light* | <input type="checkbox"/> Check Leak*  |
| <input type="checkbox"/> Other Repairs?*       | <input type="checkbox"/> Check Heating System     | <input type="checkbox"/> Other*       |
|  | <input type="checkbox"/> Check A/C System         |                                       |

\*Please use this space to help clarify any of the above requests: \_\_\_\_\_

## DRIVING PROBLEMS

- | <u>Description of Problem</u>                            | <u>Happens When</u>                        | <u>Feet or Heard it in</u>                 |
|--|--|--|
| <input type="checkbox"/> Noise/Vibrations/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"/> Shifts Hard                     | <input type="checkbox"/> When Slowing      |  |
| <input type="checkbox"/> Pulls To One Side               |  |  |
| <input type="checkbox"/> Smoking Exhaust                 |  |  |
| <input type="checkbox"/> Noisy Exhaust                   |  |  |

Please use this space to help clarify any of the above requests: \_\_\_\_\_

Save Old Parts?	
Yes	No

(Office Use) VIN :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

License Plate No. \_\_\_\_\_ Mileage: \_\_\_\_\_ Production Date: \_\_\_\_\_