

Name:

Make & Model:

Mileage:

Year:

Vin #:

Do you want us to keep you informed on the Preventive Maintenance suggested for your car by the factory? (check boxes) Yes No

Please check the most important benefits you want from your car.

- Maintain performance & handling
- Safety & Reliability
- Not having to bring your car in for repairs (convenience)
- Just getting to your destination
- Feeling & looking good when you drive
- Have you had your transmission serviced?

Yes No If yes, how long ago?

Have you had your cooling system serviced?

Yes No If yes, how long ago?

Does your vehicle ever experience a rough idle, hesitation or stall out?

Yes No If yes, when does it occur?

Have you had your fuel and air induction system serviced?

Yes No If yes, how long ago?

Do you have a problem with noisy power steering?

Yes No

Have you had your power steering serviced?

Yes No If yes, how long ago?

Have you noticed a foul odor in your air conditioning vents or excessive noise when the air conditioner is on?

Yes No If yes, please describe?

Do you have a problem with brake noise?

Yes No If yes, please describe?

Have you had your engine crankcase flushed?

Yes No If yes, how long ago?