

CUSTOMER RECEPTION FORM

ZACH'S TRANSMISSION 4X4

PERSONAL INFORMATION	CELL:
NAME:	HOME:
ADDRESS:	WORK:
CITY AND ZIP:	EMAIL:
ALT CONTACT:	REFERRED BY:

VEHICLE INFORMATION		LIC PLATE #
YEAR:	MAKE:	MODEL:

CONCERNS:

HOW OFTEN DOES THE CONCERN HAPPEN?

ARE THERE ANY SPECIFIC DRIVING CIRCUMSTANCES THAT DUPLICATES CONCERN(S)?

HOW LONG HAS THE CONCERN BEEN HAPPENING?

HAS THE TRANSMISSION/DRIVETRAIN BEEN REPAIRED RECENTLY?

IF YES, BY WHOM AND WHAT WAS DONE?

IS THIS YOUR MAIN FORM OF TRANSPORTATION?

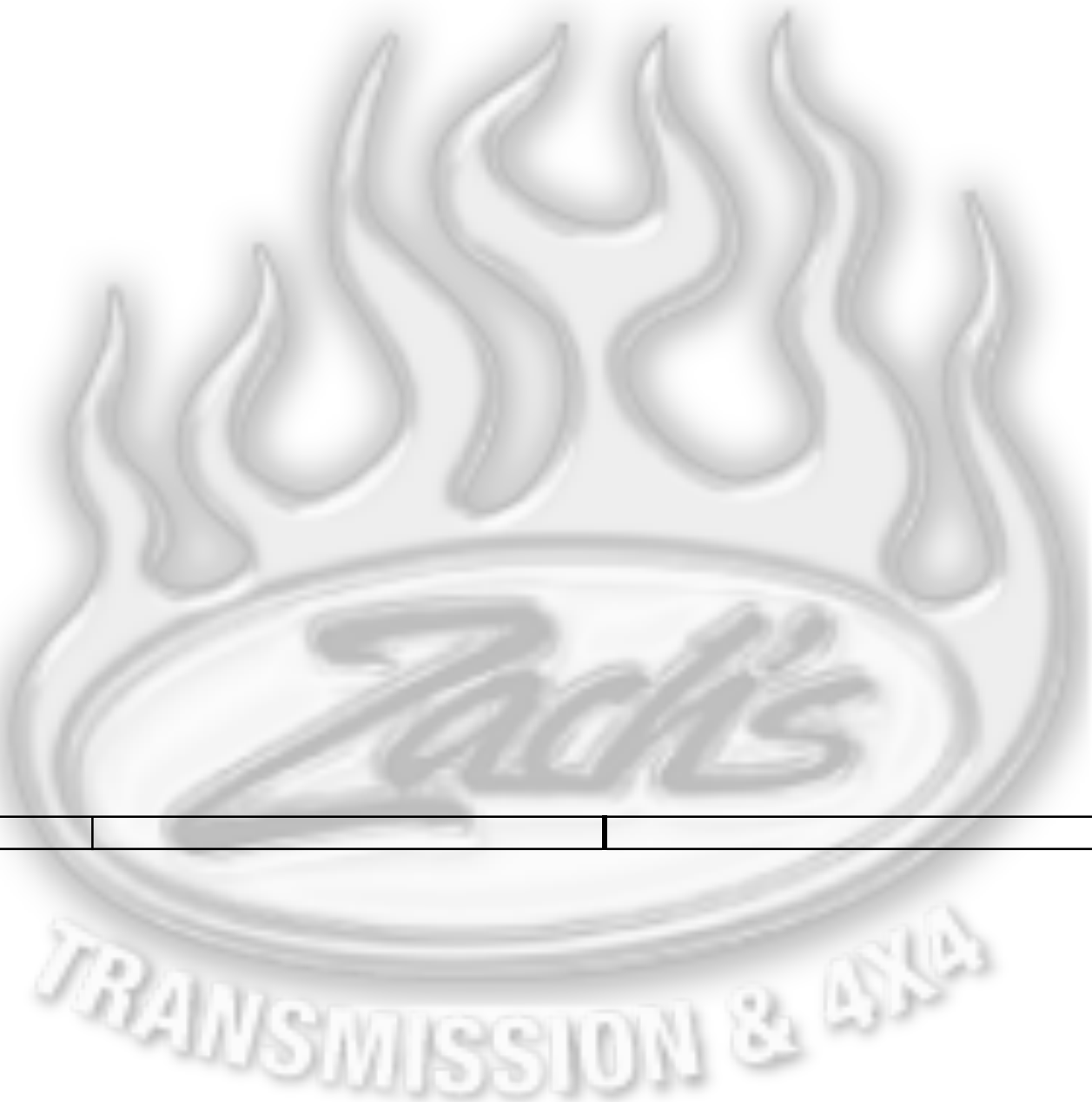
DO YOU WANT YOUR ORIGINAL PARTS?

DO YOU HAVE ANY SPECIAL INSTRUCTIONS FOR YOUR VEHICLE?

BY SIGNING THIS FORM, YOU AUTHORIZE EMPLOYEES OF ZACH'S TRANSMISSION TO OPERATE YOUR VEHICLE FOR DIAGNOSTIC/REPAIR PURPOSES. YOU HAVE READ, SIGNED AND UNDERSTAND THE WAIVER FORM. NO REPAIRS WILL BE DONE TO YOUR VEHICLE WITHOUT YOUR AUTHORIZATION FIRST. THE CHARGE FOR THE INITIAL DIAGNOSTIC IS \$75.00. THE INITIAL DIAGNOSTIC CHARGE WILL BE WAIVED WITH AUTHORIZED REPAIRS.

SIGNATURE:	DATE:

FLUID LEVEL	QT	CONDITION	SHIFT INDICATOR N		
HIGH	BY	NORMAL	ENGAGEMENT CONCERNS		
LOW	BY	CONTAMINATED	PARK/NEUTRAL		
NORMAL		BURNT ODOR	REVERSE		
		VARNISHED	O/D		
DRIVABILITY			DRIVE		
1ST			DRIVE 2		
	1-2		LOW		
	2-1		WARNING LIGHTS	YES	NO
2ND			SES/CHECK ENGINE		
	2-3		AIRBAG		
	3-2		BRAKE / ABS		
3RD			PRNDL		
	3-4		O/D LIGHT		
	4-3		TRAC CONTROL/VSC		
4TH			MAINT REQ'D		
	4-5		TIRES		
	5-4		OTHER		
5TH			NOTES:		
	5-6				
	6-5				
6TH					
REVERSE					
TCC					
CODES			SERVICE RECOMMEDATIONS		
			INTERNAL		
			CLUTCH		
			NTP		
			ELECTRICAL		
			SUMP		
			OTHER		



--	--	--

TRANSMISSION & 4x4