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, SYMPTOMS AND CONDITIONS:				
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 OR ENGINE BEEN REPAIRED OR SERVICED 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 $105.00. THE INITIAL DIAGNOSTIC CHARGE WILL BE WAIVED WITH AUTHORIZED REPAIRS.

SIGNATURE:			**DATE:**	

FLUID LEVEL	QT	**CONDITION**	SHIFT INDICATOR/PRNDL	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**
2ND			SES/CHECK ENGINE	
2-3			AIRBAG	
3-2			BRAKE / ABS	
3RD			T-CASE/AWD	
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	

NO