

ZACH'S TRANSMISSION AND 4X4

CARRY-IN REPAIR RECEPTION FORM

NAME:

SHOP:

ADDRESS:

WORK#:

MOBILE#

UNIT:

TORQUE CONVERTER Y/N:

YEAR

MAKE

MODEL

ENGINE

VIN

MILEAGE

REPAIR REQUESTED:

QUOTE \$

CONCERNS/FAULT CODES:

ARRIVAL DATE:

DUE BY:

DO YOU WANT USED PARTS RETURNED?

DO YOU WANT ZACH'S TO SUPPLY FLUID?

DO YOU HAVE ANY SPECIAL REQUESTS?

BY SIGNING THIS RECEPTION FORM, YOU ALLOW ZACH'S TRANSMISSION TO DISASSEMBLE YOUR UNIT FOR INSPECTION PURPOSES. A FULL REPAIR ESTIMATE/ WORK ORDER WILL BE PROVIDED UPON TEARDOWN AND INSPECTION. A COST OF \$100 WILL BE CHARGED TO ANY UNIT NOT AUTHORIZED.

SIGNATURE

DATE