

3387 CASS RD.
TRAVERSE CITY, MI 49684
Office # 231-941-7560
Fax # 231-941-7563

Grand Traverse Transmission and Auto Care

PLEASE FILL IN COMPLETELY. THANKS!

Name: _____

Address: _____

Phones: (circle best ones to call) Home: _____ **Work:** _____ **Cellular:** _____

Cost range allowed (please initial one):

_____ up to \$100 _____ up to \$200 _____ up to \$300 _____ up to \$400
_____ up to \$500 _____ up to \$600 _____ up to \$700 _____ up to \$800
_____ up to \$900 _____ up to \$ _____ (other)

If you are a new customer how did you find us?

What is the issue to be addressed?

When did it first happen?

How often does it happen?

Does it happen when accelerating, slowing or at a steady speed?

Are there ever any warning lights on or gauges out of range?

Is it more when the car is cold or warmed up? _____

Does weather affect it? _____

Has it ever happened in the past?

Has it been worked on for this in the past?

Are there any other ways in which the car does not run, drive or work correctly?

Are there any other services you would like us to perform while the car is already here?

When do you need the car back by? _____

You and your employees may operate the above vehicle for purposes of testing and/or delivery at my risk. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of any cause beyond your reasonable control. An express garage keeper's lien is hereby acknowledged on the vehicle to secure the amount of the repairs thereto. I agree that all amounts due shall be paid at the time vehicle is delivered to me and I shall be liable for all costs of collection.

SIGNATURE

DATE

TIME