

Car Clinic, Inc.

209 Sarber Lane

Manhattan, KS. 66502-5009

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CUSTOMER SERVICE REQUEST

Year: _____ Make: _____ Model: _____

Customer Name: _____ Mileage: _____ Date: _____

Starting Problems	<input type="checkbox"/> Will Not Crank <input type="checkbox"/> Cranks, But wont Start <input type="checkbox"/> Starts, but Takes a Long Time
Engine Problem	Quits: <input type="checkbox"/> Right after Starting <input type="checkbox"/> When put in Gear <input type="checkbox"/> Right after Vehicle Comes to a Stop <input type="checkbox"/> During Steady Driving Speed <input type="checkbox"/> While Idling <input type="checkbox"/> During Acceleration <input type="checkbox"/> When Parking
Poor Idling Conditions	Idle Speed: <input type="checkbox"/> Too Slow at all Times <input type="checkbox"/> Too Slow with A/C On <input type="checkbox"/> Too Fast <input type="checkbox"/> Rough Or Uneven <input type="checkbox"/> Fluctuates Up and Down
Poor Running Conditions	<input type="checkbox"/> Runs Rough <input type="checkbox"/> Lacks Power <input type="checkbox"/> Hesitates or Stumbles on Acceleration <input type="checkbox"/> Bucks and Jerks <input type="checkbox"/> Engine Knock, Pings, Rattles <input type="checkbox"/> Backfires <input type="checkbox"/> Poor Fuel Economy <input type="checkbox"/> Misfires or Cuts Out <input type="checkbox"/> Surges and/or Chuggles <input type="checkbox"/> Dieseling or Run-on <input type="checkbox"/> Engine Light always On <input type="checkbox"/> Engine Light on Occasionally <input type="checkbox"/> Fuel, Gas, or Sulfur Smell
Auto Transmission Problems	<input type="checkbox"/> Improper Shifting - Early <input type="checkbox"/> Improper Shifting - Late <input type="checkbox"/> Changes Gear Randomly on its own <input type="checkbox"/> Vehicle does not Move when in Gear
Poor Handling	<input type="checkbox"/> Pulls to Right <input type="checkbox"/> Pulls to Left <input type="checkbox"/> Hard Steering <input type="checkbox"/> Vehicle Shakes and/or Vibrates while moving
Noise Problems	Explain:
Odor Problems	Explain:
Problem Frequency	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Occasionally
Usually Occurs	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Anytime
Engine Temp.	<input type="checkbox"/> Cold <input type="checkbox"/> Warm <input type="checkbox"/> Hot
Vehicle Speed	<input type="checkbox"/> Low <input type="checkbox"/> Cruising <input type="checkbox"/> High
Outside Weather	<input type="checkbox"/> Cold <input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Wet/Rainy <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Dust/Dirt <input type="checkbox"/> Dry <input type="checkbox"/> Humid
Driving Conditions During Occurance	<input type="checkbox"/> Short – Less than 2 miles <input type="checkbox"/> 2–10 Miles <input type="checkbox"/> Long – More than 10 miles <input type="checkbox"/> Stop and Go <input type="checkbox"/> While Turning <input type="checkbox"/> While Braking <input type="checkbox"/> At gear Engagement <input type="checkbox"/> With A/C Operating <input type="checkbox"/> While Headlights on <input type="checkbox"/> During Acceleration <input type="checkbox"/> Mostly Downhill <input type="checkbox"/> Mostly Uphill <input type="checkbox"/> Mostly Level <input type="checkbox"/> On Curves <input type="checkbox"/> Rough Road
Driving Habits	<input type="checkbox"/> Drive hard before engine warm <input type="checkbox"/> Allow engine to warm <input type="checkbox"/> Mostly City driving <input type="checkbox"/> Highway <input type="checkbox"/> Park Vehicle Inside <input type="checkbox"/> Park Vehicle Outside Miles per day: <input type="checkbox"/> Less than 10 <input type="checkbox"/> 10-50 <input type="checkbox"/> More than 50 Fuel Octane: <input type="checkbox"/> Low <input type="checkbox"/> Mid <input type="checkbox"/> High