



AUTOMATIC TRANSMISSION QUESTIONNAIRE

Please take a few minutes to complete this form to the best of your ability so we may serve you better. Bring it with you to your scheduled appointment or place it in the drop box envelope with your keys for a night drop off. Thank you.

Customer Name: _____ Radio code: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone No: _____ Call Text Phone No: _____ Call Text

Vehicle Year, Make & Model: _____ Mileage(optional): _____

Does your vehicle have wheel locks? Yes No If so, Key location: _____

***Please check all applicable boxes and fully describe the condition that applies to your vehicle.*

The transmission problem is:

- Transmission/transaxle does not shift properly
- Slow or early shifting
- No up shift
- No downshift
- Rough or delayed shifting
- Engine starts in positions other than "P" or "N"
- Slippage (engine speed increases at initial start or when shifting)
- Will not shift at all
- Unusual noises (please describe) _____

The problem occurs: Rarely Sometimes Always

Are there any warning lights on? yes no Check engine light on? yes no

It occurs when the gear selector is in: P R N OD D 1 2

Between gear positions: 1&2 2&3 3&4 (overdrive)

Driving conditions: Accelerating Decelerating Braking, when vehicle speed reaches _____ mph

Low rpm Medium rpm High rpm

Engine temperature: Cold Normal Hot

Transmission temperature (if available): Cold Hot

Outside temperature: _____

The problem started: Suddenly Gradually Just started

When was your last BG Transmission Flush Service? Date _____ Mileage _____ Never

Additional Comments: _____

Signature _____ Date _____