



**BRAKE SERVICE 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.*

Are any of these warning lamps on?  Yes  No  BRAKE  ABS  TRAC

Other (please describe) \_\_\_\_\_

When does the light come on? \_\_\_\_\_

Do you hear or feel any of these:

Grinding  Shudder  Shimmy  Vibration  Thumping  Humming

Screeching  Clicking  Rattle  Roaring sound  Low brake pedal

Vehicle handling issues. Does your vehicle:

Drift left while driving  Drift right while driving

Pulls left while braking  Pulls right while braking

Do you have to pump the pedal to stop?  Yes  No

Have you added brake fluid recently?  Yes  No

How often do you hear the noise? \_\_\_\_\_

Noise location. Where do you think the noise is coming from?

Drivers side front  Drivers side rear

Passenger side front  Passenger side rear

How often do you have handling issues? \_\_\_\_\_

Please describe in detail concerns you have regarding your vehicles braking \_\_\_\_\_

When was your last BG Brake Flush Service?  Date \_\_\_\_\_ Mileage \_\_\_\_\_  Never

Additional Comments: \_\_\_\_\_

Signature

Date