



COOLING SYSTEM 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.*

Cooling system problem

- Overheating Coolant leaking under vehicle Coolant leaking inside vehicle Coolant light on
- Coolant light goes on and off Steam/smoke from under the hood Check engine light is on
- I am constantly adding coolant I hear gurgling sounds Temperature light is on
- Temperature gauge is: Below normal Normal Above normal

The problem occurs: Always Sometimes (1 or 2 times a week) Rarely (1 or 2 times a month)

Just started Happens at highway speeds Slow traffic Pulling a trailer

Other _____

AC was on? Yes No Heater was on? Yes No AC and heater were off? Yes No

Outside temperature: Cold Warm Hot Humid or raining

Unusual noise: Unusual noise (please describe) _____

Unusual odor: Unusual smells inside vehicle (please describe) _____

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

Additional Comments: _____

Signature _____

Date _____