

FILL IT IN - DROP IT OFF

Name: _____ Phone: _____

Alternate Phone: _____

Address: _____ City: _____

State: _____ Zip: _____

Primary or Best Email Address:

Vehicle Year: _____ Make: _____ Model: _____

SERVICES REQUIRED

- Oil & Filter Change Tire Rotation Transmission Service Brake Inspection Front End Alignment
 30,000 Mile Maintenance 60,000 Mile Maintenance 90,000 Mile Maintenance Replace Wipers

SYMPTOMS: (Check all that apply)

- Hard to start Idle speed is unsteady Continues to run after turned off
 Will not start Idle speed is too high Backfires
 Starts but stalls Hesitates or stalls on acceleration Speed changes for no reason
 Pings or knocks Stalls on deceleration or quick stop Poor gas mileage (_____ MPG)

THE SYMPTOMS OCCUR DURING: (Check all that apply)

- Accelerating Decelerating Cruising Braking At a speed of _____ MPH

THE SYMPTOMS OCCUR:

- Rarely Sometimes All the time

THE SYMPTOMS STARTED:

- Suddenly Gradually At _____ (mileage)

Other: _____

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