

LEOMINSTER TRANSMISSION, LLC

Customer Name _____ Date _____

Address _____ Email _____

City/State/Zip _____

Phone (cell) _____ (work) _____ (home) _____

Year _____ Make _____ Model _____ Color _____

Referred by _____

Description of Problem or service requested _____

Signature to authorize road test/diagnosis _____

COMPUTER SCAN AND DIAGNOSIS IS \$85.00 AND INCLUDES UP TO 30 MIN. LABOR. LABOR RATE IS 85.00/HR

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(OFFICE USE ONLY)

Tow Required? Y/N Address _____

Registration # _____ VIN _____ Mileage _____

Engine Size _____ Transmission Type _____ Fluid level/cond. _____

R & D _____ Codes and Diagnosis _____

Repair Estimate _____ Completion Date _____

Authorization to repair (time and date) _____

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PARTS LIST:

Serviced by :

Removed by :

Installed by :

Repaired/Rebuilt by :

Cooling system flushed by :

Final road test by :