

# 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 95.00/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 :