



We treat your car as if it were our own

503-465-2926

139 NW 2nd Street | Downtown Gresham

Check-in Questionnaire

To help speed up your visit and so that we can serve you better, please fill out this form as accurately as you can. This is your report from the driver's seat and it is not necessary to be technical.

DATE _____ TIME _____ HOW DID YOU HEAR ABOUT US? _____

NAME _____ VEHICLE YR _____ MAKE _____ MODEL _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____ WORK _____ CELL _____

EMAIL ADDRESS _____

DESCRIBE THE SYMPTOMS IN YOUR OWN WORDS:

VEHICLE PERFORMANCE - Please check the boxes that apply to your vehicle

- Transmission slips or hesitates Problems shifting No movement Doesn't start
- Vehicle overheating Engine runs rough Engine hard to start No power
- Speedometer not working Cruise control not working
- Air conditioner problem Leaking - describe _____
- Noises - describe _____
- Vibrations - describe _____

Does this happen all the time? _____ If no, when does it occur? _____

Has this problem been worked on before? _____ When? _____ What repairs were performed? _____

Any other concerns or problems? _____

I hereby authorize the above repair or diagnostic work to be done along with necessary materials. I authorize employees or agents of All About Automotive to operate this vehicle where and as necessary for purposes of diagnosis, testing, repair or delivery. An express lien is acknowledged on the above vehicle to secure the amount of repairs thereto. I understand and agree that All About Automotive will not be held responsible for loss or damage to the vehicle or its contents in case of accident, fire, theft or any other cause beyond their control!

SIGNATURE _____ DATE _____