



STEERING 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.*

Do you feel a shimmy? Yes No

Do you feel a thumping? Yes No

Do you hear a rattle? Yes No

Do you hear a clicking sound while turning? Yes No

Do you hear a grinding sound? Yes No

Do you hear a humming sound? Yes No

Do you feel a vibration? Yes No

Do you feel a shudder in the steering wheel? Yes No

Do you hear a squeal while turning? Yes No

Does the vehicle drift left while driving? Yes No

Does the vehicle drift right while driving? Yes No

Is steering stiff? Yes No

Is steering response poor? Yes No

Does your vehicle feel unstable at high speeds? Yes No

Is there a noise or vibration when:

Driving normal Driving over road bumps In cold weather In warm weather

Turning left Turning hard left Turning right Turning hard right

At what speed does it occur? 0-25 mph 26-50 mph 51-65 mph over 65 mph

When was your last BG Power Steering Flush Service? Date _____ Mileage _____ Never

Additional Comments: _____

Signature

Date