



AIR CONDITIONING & HEATING 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.*

Air Conditioning problem: Does the AC turn on? Yes No Is the AC cold enough? Yes No

Does it? Blows cold air, then gets hot Blows hot air Not enough air flow

Do you have dual zone air conditioning? Yes No Does the rear AC turn on? Yes No

Does the vehicle stall when you turn on the AC? Yes No

Does the vehicle idle funny when the AC is on? Yes No

Does the vehicle overheat when the AC is on? Yes No

How many days, or date since the AC was last operated? _____ Days or _____ Date

Heating problem: Heating does not work properly

Is there any heating? Yes No If yes, how long does it take to warm the vehicle? _____ Minutes

Airflow: Air flow cannot be changed to different outlets

Which outlets do not work? Center Drivers side Passenger side Floor Defrost

Air intake cannot be changed

Which does not work? Fresh air (outside) Recirculating air

Unusual noise: Unusual noise (please describe) _____

Noise when AC is on Noise increases with engine speed

Noise changes when control lever is moved to change air outlets

Unusual odor: Unusual smells inside vehicle (please describe) _____

The problem started: Suddenly Gradually Just started

Additional Comments: _____

Signature

Date