



BRAKE SERVICE 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.*

Are any of these warning lamps on? Yes No BRAKE ABS TRAC

Other (please describe) _____

When does the light come on? _____

Do you hear or feel any of these:

Grinding Shudder Shimmy Vibration Thumping Humming

Screeching Clicking Rattle Roaring sound Low brake pedal

Vehicle handling issues. Does your vehicle:

Drift left while driving Drift right while driving

Pulls left while braking Pulls right while braking

Do you have to pump the pedal to stop? Yes No

Have you added brake fluid recently? Yes No

How often do you hear the noise? _____

Noise location. Where do you think the noise is coming from?

Drivers side front Drivers side rear

Passenger side front Passenger side rear

How often do you have handling issues? _____

Please describe in detail concerns you have regarding your vehicles braking _____

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

Additional Comments: _____

Signature _____

Date _____