

Date: _____

VIN Number: _____

Vehicle Year, Make, Model: _____

Customer Name: _____

Business Name: _____

Mailing Address: _____

City _____

State _____

Zip Code _____

Billing Address: _____

City _____

State _____

Zip Code _____

Phone Number: _____

Email Address: _____

Payment Method: _____

Gear Oil Used: _____

Color of Oil Drained: _____ Fluid Volume Drained (quarts): _____

Metal or Debris Found (yes/no): _____

Describe in Detail Problems With Transmission / Transfer Case: _____

Describe in Detail What Services You Want Completed: _____

Engine Displacement (Liters or CC's): _____

Current Transmission / Transfer Case Setup (Stock or Built By): _____

Turbo Setup: _____ Current/Goal Power Levels (WHP/TQ): _____

Clutch Assembly Used (Be specific; Brand, Model, Modifications): _____

Application for Transmission to be Used (Stock, Close Ratio, Tall Ratio, Drag Racing, AutoX, Top Speed, etc.): _____



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