

A/C CHECK

Repair order Number: _____

Service Writer: _____

SERVICE WRITER NOTES:

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TEMPERATURES:

Center Duct	
Rear	
Other	

CONTROLS:

Temp	
Defrost	
Speeds	
Ducts	
Other	

LEAKS:

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MECHANICAL SYSTEMS:

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Year: _____

Make: _____

Model: _____

Mileage in: _____

Mileage out: _____

PRESSURES:

HIGH	
LOW	

OTHER NOTES:

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CUSTOMER AGREEMENT:

By signing below the customer agrees to pay for diagnosis and/or repairs at an estimated cost of _____.

The customer is advised that this diagnosis is for the Air Conditioning and heating system only.

Additional diagnosis and repairs may be needed.

CUSTOMER NAME:

CUSTOMER SIGNATURE:

DATE:
