FLUID*DRIVE*

Retail Exchange Transmission Request Form

FluidDrive Pty Lta																					
	Pho	70 Raglan Street, Preston, Vic Phone: (03) 9485 9777 Fax: (03) 9485									072		Email: orders@fluiddrive.com.au								
DEALER INFORMATION																					
Date: Dealer Name:											Dealer code: R/o Number										
Address (service location):												er:									
Suburb: Postcode:									-	Phor Fax	ne No:										
Dealer Contact Name:											Email Address:										
VEHICLE INFORMATION		_					_	_		_	_	-			-				_		
VIN:																					
Warranty			Reta	ail						Deliv	very D	ate:							_		
Kilometers:									-												
Has the transmission been repair If Yes, Date:	ed or	d or replaced previously?																			
Is this a Vehicle Off Road Situa	tion	Yes		No					-	4WD? Yes				No							
TRANSMISSION INFORMATION	J																				
Car Model:	<u>.</u>								Tran	smiss	ion Pt	no:									
Customer Complaint:																					
Slippage (A/T)		1-2		2-3		3-4		4-5		5-6		6-5		5-4		4-3		3-2		2-1	
Shock (A/T)		1-2		2-3		3-4		4-5		5-6		6-5		5-4		4-3		3-2		2-1	
Flare (A/T)		1-2		2-3		3-4		4-5		5-6		6-5		5-4		4-3		3-2		2-1	
Noise		1		2		3		4		5		6		R		Ν					
No Drive		1		2		3		4		5		6		R							
T/C operation (A/T)		Harsh DShudder							No re	elease	;		No a	pply							
		Busyness at km/h									Other										
Oil:	Colo	Colour:									dition:										
DTC Codes:																					
Technician's diagnosis:																					
-																					
FLUIDDRIVE USE ONLY:																					
Request received (time/date):									_												
Exchange unit consigned (date):									_												
Carrier:									_	Con	note r	10:									
Serial no. shipped:									_												