



Shock Work Data Sheet

Customer Data:

Name: _____

Address: _____

Rider Weight (with gear): _____, Type of riding(MX, CC, Rec): _____

Type of return shipping (i.e. ground, 3rd day air, 2nd day air, next day air)

Shock Data:

Manufacturer: _____, Front/Rear: _____

Year shocks were built (new): _____

Application:

Make: _____, Model: _____, Year: _____

Brand A-Arms/Swingarm: _____, Length: _____

Type of Service Desired:

Repair Modifications Repair and Modifications

Description of Service Required:
