



SHOCK REPAIR REQUEST

NAME: _____ ACCOUNT #: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

PHONE: _____ EMAIL: _____

DATE SHIPPED: / / DATE NEEDED RETURNED: / /

SALESMAN: _____ BIN # (In-house Use): _____

SHOCK SERIAL NUMBER	SHOCK REPAIR	SHOCK REVALVE	NOTES
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

RETURN SHOCKS VIA:

 <ul style="list-style-type: none"> <input type="checkbox"/> Ground Commercial <input type="checkbox"/> Home Delivery <input type="checkbox"/>  UNITED STATES POSTAL SERVICE 	 <ul style="list-style-type: none"> <input type="checkbox"/> Ground <input type="checkbox"/> 2nd Day Air® <input type="checkbox"/> Next Day Air® <input type="checkbox"/> Most Economical
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