



WORK ORDER REQUEST

Please fill out this form and include with your shocks when shipping to RE Suspension, Inc.

Failure to include this order request with your shocks may result in delays.

NAME: DATE:

TEAM: SERIES:

PHONE: TRACK:

ALT. PHONE: SHOCK BRAND:

SHIPPING ADDRESS: RE SUSPENSION CONTACT:

EMAIL:

BILLING ADDRESS:

If you would like a shock specialist to contact you with a quote, prior to service, check here.

Number of shocks sent?

((CHECK ALL THAT APPLY))

REVALVE?

REBUILD?

REPAIR?

DETAILED DESCRIPTION OF SERVICE NEEDED:

IN ORDER TO PROVIDE PROMPT SERVICE FOR YOUR SHOCKS, PLEASE MAKE SURE THEY ARE CLEAN AND PROPERLY LABELED.