

Shock Service Request



Order Date: _____ Name: _____ Work Phone: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Fax #: _____

Delivery location: Business / Residence

Ship Date: _____ Card No.: _____ Exp. Date: _____

Card type: M/C Visa Am/Ex Discover

Rider Weight: _____ Rider Style: _____

Year: _____ Model Name: _____

Please Check all that Apply. If necessary, fill out multiple pages for different service requests.

- Fox Float 2 Upgrade
- Complete Shock Service & Rebuild
- Shock Revalve (Please Explain in detail changes you would like made)
- Repair Damages
- Other (please Explain)
