

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.

www.resuspension.com	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?
WOLFOW ALL	THAT APPLY ()
REVALVE? REB	THAT APPLY)) UILD? TREPAIR?
DETAILED DESCRIPTION OF SERVICE NEE	DED: