PENSKE RACING SHOCKS®

Print Form

Work Order

Please return this **COMPLETED** form with your motorcycle shocks. Failure to do so may delay service.

CONTACT INFORMATION

NAME: _____ **DATE:** _____

PHONE: _____ **CELL PHONE:** _____

E-MAIL: _____

☐ Same as Billing

☐ Residential Location ☐ Commercial Location

BILLING ADDRESS: _____

_____

_____

SHIPPING ADDRESS: _____

_____

_____

SERVICE INFORMATION

YEAR: _____ **CONVERT TO:** _____

MAKE & MODEL: _____

_____ **CONVERT FROM:** _____

STREET/RACE: _____

RIDER WEIGHT: _____

WOULD YOU LIKE TO BE CONTACTED WITH A QUOTE PRIOR TO SERVICE?

☐ **YES** ☐ **NO**

NUMBER OF SHOCKS/FORKS SENT: _____

DETAILED DESCRIPTION OF SERVICE REQUEST:

(CHECK ALL THAT APPLY)

☐ **REVALVE**

☐ **REBUILD**

☐ **REPAIR**

☐ **CONVERSION**

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