



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:	
	
<input type="checkbox"/> Ground Commercial	<input type="checkbox"/> Ground
<input type="checkbox"/> Home Delivery	<input type="checkbox"/> 3 Day Select®
<input type="checkbox"/>  UNITED STATES POSTAL SERVICE	<input type="checkbox"/> 2nd Day Air®
<input type="checkbox"/> Commercial Trucking-Freight Collect	<input type="checkbox"/> Next Day Air®
	<input type="checkbox"/> Most Economical



107 INDUSTRIAL PARK ROAD | STORY CITY, IA 50248 | 515-733-2890