



SHOCK REPAIR /REBUILD FORM



1. Print and complete this form and include with your shocks to be rebuilt or repaired
2. Drop off or ship your shocks to
117 Cushman Road
St.Catharines, Ontario
L2M 6S9

DATE _____

NAME _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

NUMBER OF SHOCKS SENT IN FOR REPAIR/REBUILD _____

DATE NEEDED BY _____

PREFERRED METHOD OF COMMUNICATION: TELEPHONE EMAIL

DETAILS OF WHAT YOU WOULD LIKE DONE TO YOUR SHOCKS / NOTES:
