



# 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  
1733 Maryland Avenue  
Niagara Falls, NY  
14305

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:

---



---



---



---



---