

Performance Shock, Inc Ohio 4683 Northwest Pkwy. Hilliard, OH 43026 (614) 219-1211 www.pshox.com info@pshox.com

Work Order#	

PSi Shock Service Request Form

Business Name/ Name:		Date:
City / State / Zip:		
Primary Phone#	Secondary Phone #	
E-mail:		
	Return Shipping	y Address:
☐ Check if Return Address is sa	ime as above	
Business Name/ Name:		
City / State / Zip:		
	Vehicle De	tails:
Make:	Model:	Year:
Type of Use (Full Race/Road & tra	ack/Street only):	
	Brand of SI	nock
Manufacturer	Model:	Qty of shocks sent
Parts Included in Shipment:		
Date or Mileage last serviced: _		
Dro duno Tost Dampors? (Ev.	tra chargos will apply)	
Pre-dyno Test Dampers? (Ex		-1.3
Required Return Date (Expe		
■ Provide Estimate before Pro-	ceeding (Will Increase tur	'n around time)
Approve Rebuild cost to value	ue of \$ (Will Rec	luce turn around time)
Work to be performed/Notes: _		
Remove all springs (unless you want th the springs yourself, ship them assemb	em tested) and mounting hardv led. We will dismount and remo se of a spring compressor. A \$75	be charged a \$15 per damper surcharge. vare before shipping. If you do not have tools to safely remove unt them for you. There is a \$15 per shock charge to remove per damper evaluation fee is payable if you choose to decline lied.

www.performanceshock.com

Date_

Customer Signature____