



Performance Shock, Inc  
Sonoma Raceway  
29139 Arnold Drive  
Sonoma CA 95476

**1-800-965-5664**  
(707) 938-5664  
www.pshox.com  
info@pshox.com

Work Order# \_\_\_\_\_

## PSi Shock Service Request Form

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Primary Phone# \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_

### Return Shipping Address:

Check if Return Address is same as above

Business Name/ Name: \_\_\_\_\_

Street: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Required Return Date (Expedite Service Fees may apply) \_\_\_\_\_

### Bike Details:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Rider Weight: \_\_\_\_\_ Age of Shock/Fork \_\_\_\_\_

Date last serviced: \_\_\_\_\_ Hours since last serviced: \_\_\_\_\_

### Brand of Shock/Fork

Manufacturer \_\_\_\_\_ Model: \_\_\_\_\_ Qty of shocks sent \_\_\_\_\_

Parts Included in Shipment: \_\_\_\_\_

Pre-dyno Test Dampers? (Extra charges will apply)

Provide Estimate before Proceeding (Will Increase turn around time)

Approve Rebuild cost to value of \$\_\_\_\_\_ (Will Reduce turn around time)

Work to be performed/Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_