

Date:

Dealer/Business  
Name



Customer Name:

Phone Number:

Email:

## Shock Rebuild Form

Year:

Make:

Model:

Seats:

Return Address:

### Vehicle Information

#### Services to Perform (Select Option)

*Rebuild  
HV End Caps*

Y

N

*P.S.M. (Rebuild &  
Revalve) HV End Caps*

Y

N

*Dual Rate Spring Kit*

*Spring Kit & P.S.M.  
HV End Caps*

Y

N

### Vehicle Specifications

Front Riders Weight:

Rear Passengers Weight:

Aftermarket Roll Cage:

Front Bumper:

Rear Bumper:

Bed Weight:

Winch:

Long Travel:

Spare Tire:

Rock Sliders:

Additional Notes Affecting Weight of Vehicle:

Terrain Type:

Driving Style:

Previous Customer:

Additional Notes:

*WHEN SENDING IN YOUR SHOCK PLEASE MAKE SURE TO EITHER REMOVE OR ATTACH WITH ZIPTIES ANY AND ALL MOUNTING BUSHINGS AND OR SEALS. WE ARE NOT RESPONSIBLE FOR ANY LOST ITEMS DURING SHIPPING TO SRS.*



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