



Shock Rebuild Form

Date: _____ Customer Name: _____

Phone: _____ Email: _____

Year & Model: _____ Seats (Circle One): 2 or 4 Seat

Return Address: _____

Vehicle Information

Services to Perform (Select Option)

Rebuild
HV End Caps: Y or N

P.S.M. (Rebuild & Revalve)
HV End Caps: Y or N

Spring Kit & P.S.M.
HV End Caps: Y or N

Vehicle Specifications

Rider Weight: _____

Tire Size: _____

Bumper: _____

Rear Passengers Weight: _____

Spare Tire Location: _____

Ice Chest Location & Weight: _____

Long Travel: Yes or No

Tool Weight & Location: _____

Roll Cage: Yes or No

Additional Notes Affecting Weight of Vehicle: _____

Terrain Type and Riding Style: _____

Skill Level: _____

Previous Customer? _____

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.





Customer Notes: *High Volume Nitrogen End Caps? Y or N*



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