



SHOCK SERVICE FORM

NAME: _____

PHONE: _____

DATE SENT: _____

EMAIL: _____

DATE NEEDED: _____

SANCTION: _____

CHASSIS: _____

DIVISION: _____

BILL TO: _____

SHIP TO: _____

T-SHIRT SIZE: _____

SHOCK # OR ID	REPAIR? (Y/N)	REVALVE? (Y/N)	NOTES

Please supply us with your credit card billing information to expedite the service & return of your shocks. Thank you!
Note - 4% credit card processing fee will be applied in addition to the amount on the invoice

PLEASE CHECK ONE



CARD NUMBER: _____

EXP. DATE: _____ 3 DIGIT CVC: _____

BILLING ADDRESS: _____

SIGNATURE: _____

PLEASE SHIP SHOCKS TO: JEROVETZ MOTORSPORTS SHOCK SERVICE - 14430 VELD AVE - SUAMICO, WI 54173
PHONE: (920) 615-2508 E-MAIL: RSR3381@GMAIL.COM

Please clean all shocks before sending. If not cleaned, additional fees may apply!