



Repair Order Instruction Sheet

Customer Information:

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Home Number: () -

Business Number: () -

Fax Number: () -

Cell Number: () -

Shock Production number: _____

Vehicle Information: _____

Revalve Specifications: Rebound _____ / Compression _____

Work Request Information:

Method of Payment:

Cash/Check:

Credit Card #*: _____ exp: _____ ver. code: _ _ _

Name that appears on card: _____

Special Instructions:

*If credit card number is not included at the time of receiving the shocks, we will only accept cash or check. The "ver. code" is the 3-digit # located in the signature panel on the back of your card.