



SERVICE FORM

info@suspensionwerx.com
778-340-2013
1443 Hunter Street,
North Vancouver, V7J 1H3

RIDER INFO:

Name _____
E-mail Address _____
Phone Number _____
Address _____
City _____ Province ____ Postal Code _____
Rider Weight (including your regular gear): _____ lbs

RIDE INFO:

Make & Model of Bike _____
Shock & Fork Model _____
Spring Rate/Air Pressure Rear _____
Spring Rate/Air Pressure Front _____
Sag % Rear _____ Front _____
Previous Tuning/Mods/Maintenance _____

Describe Usage (XC, XC-Race, Trail, All-Mountain, Freeride, DH) _____

Items to be repaired: Shock Fork Both

Describe Performance Issues _____

Describe Desired Performance _____

Credit Card Info

Type _____ Number _____
Expiry _____