

SERVICE FORM



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1631 Welch Street, North Vancouver, V7P 3G9

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 _____