

## Shipping Form

**Ship to: The Shock Shop** 

13105 170th Ave SE Becker, MN 55308

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_

Postal Code:

Country: \_\_\_\_\_ Province: \_\_\_\_

Today's date \_\_\_/\_\_\_ (MM/DD/YYYY)

If yes, specify coverage amount \$ \_\_\_\_\_

\*Cost is approximately \$14 per \$1000 of coverage.

Contact Information		
Address: City: Primary Phone #: Email(optional):	ole):State: Zip Code: Secondary Phone #: ted: (We will call for payment when comp	-
mastercard.	DISCOVER	
Return Shipping Info: Signature required: Yes No	Shipping Address: (if different from Name:  Company Name:	•

**Note:** Please label any air shocks (Fox, Walker Evans, or any others that are not holding air pressure). We like to locate the source of the leak prior to tear down.

Vehicle and Rider information:	
Year: Make: Mileage:	Rider Weight(without gear):Additional Weight:(Luggage, Passenger, etc.)
What are your service needs?  Basic Services- Rebuild Call only if parts are needed. Call with estimate.	Modify Shocks: Re-valve (Call to discuss options and prices) Re-valve for weight of rider and gear.
dirt attached).  2. Remove all bushings, covers, bolts  3. Please complete all 2 pages of this	
<ul> <li>phone, or the website, is subject to</li> <li>Estimates are written after a thorou</li> <li>We truly care about you as a custor will proceed or be completed.</li> <li>If service is declined after estimate teardown.</li> <li>Payment method is to be provided to Balance is due in full before pickup that are not paid for, after 180 days</li> <li>Please sign below, indicat policies stated in this form</li> </ul>	igh inspection of your components.  mer, and authorization by the customer is required before any work  has been written, there will be a fee charged for estimate/  upon approval of the estimate.  or delivery. The Shock Shop will sell any customer components,  from completed invoice date (to cover charges).  Fing that you have read and agree to all  1.
Sign Name	Date