

# S<sup>2</sup> SUSPENSION CENTER

Rider Name: _____	Dealer Name (IF APPLICABLE): _____
Rider Phone: _____	Dealer Phone: _____
Email Address: _____	Email Address: _____

Shocks:

Forks:

**Rider Information:**

Age: \_\_\_\_\_

Weight: \_\_\_\_\_ (WITHOUT GEAR)

Height: \_\_\_\_\_ FT \_\_\_\_\_ INCH

**Skill Level:**

BEG    NOV    INT    EXP    PRO

**Riding Dicipline:**

MX    SX    MOTARD    DESERT TRAIL /PLAY

**Application**

Make \_\_\_\_\_

Model \_\_\_\_\_

Year \_\_\_\_\_

**ATV/UTV Specifics:**

A-Arms: Extended + \_\_\_\_\_ inches

Stock or Brand Name: \_\_\_\_\_

Swing Arm: Extended + \_\_\_\_\_ inches

Stock or Brand Name: \_\_\_\_\_

**Comments/Special Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Suspension work?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Disclaimer:**

I hereby authorize iShock to complete the above described work with the necessary materials. I understand that estimates include all parts and labor, however, if upon further inspection additional work is needed, I will be contacted for approval. I also understand that storage fees may apply if I do not pick up my shock within a reasonable time frame after servicing has been completed. In the event of a special order part turn around time may be longer than one week.

X \_\_\_\_\_

SIGNATURE

**Services Requested:**

REBUILD    TUNING    TUNING & REBUILD    TUNE WITH GOLD VALVE

**Payment Info:**    VISA    MC

CC#: \_\_\_\_\_ EXP: \_\_\_\_\_

**Billing Address:**

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Shipping Address (IF DIFFERENT FROM BILLING):**

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_