



Work Order

Please return this **COMPLETED** form with your Penske Racing Shocks. Failure to do so may delay service.

CONTACT INFORMATION

NAME: _____	DATE: _____
PHONE: _____	CELL PHONE: _____
E-MAIL: _____	<input type="checkbox"/> Same as Billing
	<input type="checkbox"/> Residential Location <input type="checkbox"/> Commercial Location
BILLING ADDRESS: _____	SHIPPING ADDRESS: _____
_____	_____
_____	_____

SERVICE INFORMATION

YEAR: _____	CORNER WEIGHT: _____	CORNER WEIGHT: _____
MAKE & MODEL: _____	SPRING RATE: _____	SPRING RATE: _____
_____	TORSION BAR DIA.: _____	TORSION BAR DIA.: _____
CAR WEIGHT: _____	CORNER WEIGHT: _____	CORNER WEIGHT: _____
NUMBER OF SHOCKS SENT: _____	SPRING RATE: _____	SPRING RATE: _____
	TORSION BAR DIA.: _____	TORSION BAR DIA.: _____

DETAILED DESCRIPTION OF SERVICE REQUEST:

(CHECK ALL THAT APPLY)

- ☐ REVALVE
- ☐ REBUILD
- ☐ REPAIR
- ☐ CONVERSION

RACING TYPE:

WOULD YOU LIKE TO BE CONTACTED WITH A QUOTE PRIOR TO SERVICE?

☐ YES ☐ NO

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