



# 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: \_\_\_\_\_

Same as Billing

Residential Location

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