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North Vancouver, BC, V7L 3AB

SUSPENSIONWERX SERVICE FORM

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 _____

Other Notes _____