

Service Form

DATE: _____

Name: _____

Address: _____

Phone #: _____

Email Address: _____

Service Needed:

If Yes, Circle One

Revalve:

Softer

Riding Weight _____

Stiffer

Style of Riding

Trail Riding

Trail Aggressive

Racing

If No, Circle Here

No Revalve

Standard Service

Credit Card Type: _____

Credit Card #: _____

Zip Code: _____

3-4 digit security code: _____

Expiration Date _____

Steve Dey Shock Service, LLC

651-430-9642

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