



EVOLUTION SUSPENSION PRODUCTS
 11279 Gwathmey Church Rd
 Ashland, VA 23005
 804-798-0990
 LtThor@comcast.net

SUSPENSION WORK ORDER

Ship Date: _____ Need by Date: _____ Date Received: _____

Your Information.		Ship to if different.	
Name:		Name:	
Address:		Address:	
Address:		Address:	
City, State, Zip		City, State, Zip	
Telephone(s):			
Email(s):			

For return shipping, what carrier or method do you prefer? _____
(USPS, FEDEX, UPS, or Best Rate Available?)

Insurance amount?(default is job amount) _____

Type / Brand of Shocks or Forks: _____

Type of Work: _____ Rebuild Only _____ Restoration with Rebuild _____ Shaft(s) Repair

Will you need the appropriate reducer bushings for your shocks? _____

Mount bolt diameters, upper / lower: _____ / _____ Mount widths, upper / lower: _____ / _____

Rider weight without gear: _____ Riding Level & Type: _____

Bike: weight if known: _____ Brand: _____ Year: _____ Model: _____

If Aftermarket SwingArm, Brand: _____

For AirShoxs or if Spring Rate Needs to be checked: For models not listed in the manual SLR chart or on the website, please include the following information, measure at center of holes, bolts or axle:

A _____ Swingarm Pivot to upper shock mount on frame.

B _____ Swingarm Pivot to lower shock mount on Swing-arm.

C _____ Swingarm Pivot to wheel axle, at mid-point of chain adjustment slide.

D _____ Length of shock fully extended (hole center to hole center).

E _____ Length of shock shaft travel (including 1/2 of bumper thickness).

F _____ Manufacturers claimed wheel travel if known.

Additional Information: _____
