

# SERVICE FORM

## SUPASHOCK EXCEL CONTROL SUSPENSION

First Name

Last Name

E-mail address

Contact Number

Street Address

If you require your product to be shipped back to you, do you give the courier authority to leave the package in a safe place?

Suburb

Postcode

Yes

No

State / Territory

Country

Instructions to leave in a safe place:

### SERVICE INFORMATION

What service do you require?

Damper Service

Damper Repair

If you checked 'Damper Repair', please describe the damage, symptom or repair you require:

Serial Numbers of affected dampers:

I confirm have read, understood and agree to the Supashock Advanced Suspension Warranty Policy at [www.store.supashock.com](http://www.store.supashock.com)

Confirm

Full Name

Date

Signature

Please send a copy this form and any photo or video files that may help with your warranty claim to:  
[sales@supashock.com](mailto:sales@supashock.com)