

PENSKE SHOCK ORDER FORM

PO #: _____ Date: _____

BILLING ADDRESS:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Daytime Phone: _____

SHIPPING ADDRESS:

Name: _____

Address: _____

City: _____ State: _____

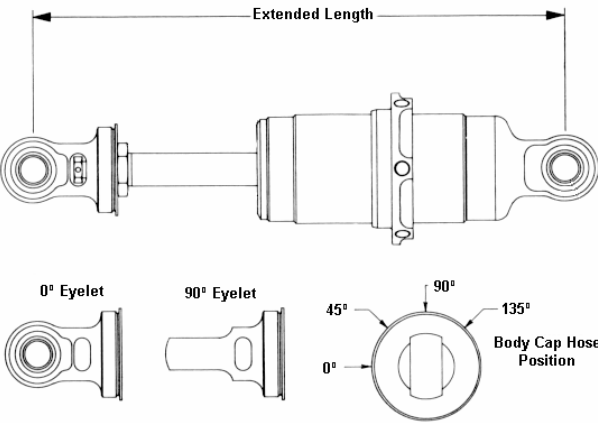
Zip: _____ Country: _____

Daytime Phone: _____

SHIP VIA: UPS Ground UPS 3rd Day UPS 2nd Day UPS Overnight

Other: _____

INFORMATION NEEDED TO ORDER 8100, 8660, AND 8760 DAMPERS



	FRONT	REAR
Shock Series #		
Remote Reservoir Series #		
Quantity		
Extended Length		
Body Cap Hose Position (0°, 45°, 90°, 135°)		
Fitting Out of Body Cap (Straight, 45°, 90°)		
Hose Length (4" thru 36", in 1" Increments)		
Fitting on Remote Reservoir (Straight, 45°, 90°)		
Eyelet Window Position (0°, 90°)		
Piston Bleed (.040", .020", No Bleed)		
Piston Dishing		
Spring I.D. to be Used		
Compression Valving		
Rebound Valving		

METHOD OF PAYMENT: COD (\$7.00 charge) VISA Master Card Account

OTHER: _____

Card Number:

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Exp. Date:

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Name as appears on card

Signature