



Shock Order Form

Fill out as much as you are comfortable with!

Track Name/Size	_____	Shock Center to Center at ride height -	
Track Surface Condition	_____		<input type="checkbox"/>
Track Banking	_____		<input type="checkbox"/>
Car division/weight	_____	Expected shock travel -	
Tire Dimensions	_____		<input type="checkbox"/>
Shock Rule	_____		<input type="checkbox"/>
Brand of Shock	_____	Shock Center to Center at full travel -	
Type of clip	_____		<input type="checkbox"/>
Type of Spindles	_____		<input type="checkbox"/>
Length of UCAs	_____	Shock Exposed shaft at ride height -	
UCA Angles	_____		<input type="checkbox"/>
LCA Angles	_____		<input type="checkbox"/>
Chassis Ride Height	_____	Trailing Arm Angles	_____
Sway Bar Size		3RD (Top)Link angle	_____
Springs	<input type="checkbox"/>	Bump Springs	<input type="checkbox"/>
Driving Style	<u> Tight/Loose </u>	Bump Spring Stack Height	<input type="checkbox"/>
Comments	_____		