



SNOWMOBILE SUSPENSION REQUEST

Enzo Canada
Ph: (403) 818-4098
tim@enzocanada.com
www.enzocanada.com

Dealership Billing:

Name of Dealership:	Billing Address:
---------------------	------------------

Riders Name:		Address:	
City:	Province:	Postal Code:	
Phone:	Cell:	Email:	

Year:	Make:	Model Description:	Track Length:	Turbo: Y / N	Rider height & weight w/o gear:	
Riding Ability	☐ Beginner ☐ Junior ☐ Intermediate ☐ Pro ☐ Vet ☐ Recreational					Age:
Riding Style	☐ X-Country ☐ Sno-Cross ☐ FMX ☐ Hill Climb ☐ Mountain ☐ BC / freeride					
Terrain						
Currently Your Suspension Is	☐ Stock & Not Ridden ☐ Stock & Ridden ☐ Modified By: _____ ☐ Damaged					
Complaints About Current Suspension						

Ski Shocks	☐ Revalve - customized suspension	☐ Rebuild and service	☐ Lowering	☐ Spring (s)
Centre Shocks	☐ Revalve - customized suspension	☐ Rebuild and service	☐ Spring (s)	
Rear Shock(s)	☐ Revalve - customized suspension	☐ Rebuild and service	☐ Spring (s)	

NOTES:

Please mark riders name on all suspension. Send this form and payment along with your suspension.

Return Shipping (collect)	☐ Purolator ☐ FedEx ☐ Loomis ☐ Canada Post ☐ UPS	Account #
Shipping Preference	☐ Ground ☐ Air ☐ Sat. Delivery ☐ Hold for Pickup	
Shipping Address, Postal Code Phone Number, Contact		
Who referred you to Enzo? Or, how did you hear about us?		

Enzo Office Use Only

Payment + GST is required. An invoice will be returned to you and any balance remaining is due upon receipt.

Payment Option: Cheque / e transfer	Invoice #	TOTAL
-------------------------------------	-----------	-------

	Ski low Comp (Silver)	High Comp (Blue)	Tension (Red)	Rod Reb	Spring	Spring Preload	Oil	Limiter Strap length
Ski Shock								
Centre								
Rear								
Date Received:		Date Returned:						
Notes:								