



Tech Sheet

Please complete and return to
 tech@solo-werks.com
 Fax: 1-888-679-3278

System Information

Solo Werks Part #: _____ Vendor: _____
 Date Purchased: _____ Vendor Invoice #: _____
 Solo Werks RMA #: _____ Invoice Copy Attached _____

Owner Information

Full Name _____
 Street Address _____
 City _____ Phone # _____
 State _____ Email Address _____
 Zip / Postal Code _____

Vehicle Information

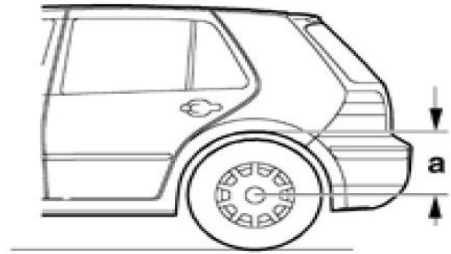
Year _____
 Make _____ Model _____
 Engine _____ Transmission _____ Automatic _____ Standard _____
 Drive Type _____ 2wd _____ 4wd _____
 Body Type _____ Sedan _____ Wagon _____ Coupe _____ Hatchback _____ Convertible _____
 With Electronic Suspension _____ Yes _____ No _____ With Air Suspension _____ Yes _____ No _____
 Mileage _____ Miles _____ KM _____
 VIN # _____

Suspension Information

	OEM	Aftermarket	Brand
Front Upper Mounts:			_____
Rear Upper Mounts:			_____
Front Sway Bar:			_____
Rear Sway Bar:			_____
Additional Suspension Components/Modifications:			

Measurements

	Front	Rear		
Drivers Side:	_____	_____	inches	mm
Passenger Side:	_____	_____	inches	mm
	Diameter	Width	Offset	
Wheel Size:	_____	_____		
Manufacturer:	_____	_____		
Tire Size:	_____	_____		
Manufacturer:	_____	_____		



Additional Equipment

	Approx. Additional Weight	
Stereo Box:	_____ lbs.	kg
Hitch:	_____ lbs.	kg
Other:	_____ lbs.	kg

Description of Issue

	Front	Rear
Drivers Side:		
Passenger Side:		
Description:		

