



# 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

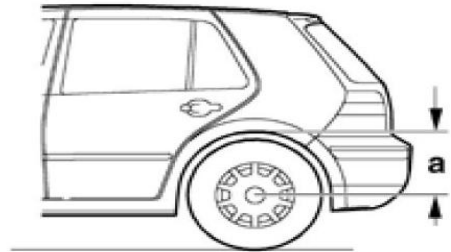
Year	_____				
Make	_____	Model	_____		
Engine	_____	Transmission	Automatic	Standard	
Drive Type	2wd	4wd			
Body Type	Sedan	Wagon	Coupe	Hatchback	Convertible
With Electronic Suspension	Yes	No	With Air Suspension	Yes	No
Mileage	Miles	KM			
VIN #	_____				

## 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:	_____	