



Block Sleeving Customer Info Form

Name: \_\_\_\_\_

Address for Return Shipping: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Block Type: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Type of Sleeve Desired: \_\_\_\_\_

Options: (circle all that apply)

O-ring

Bore

Bore / Hone

Line Hone/ Line Bore

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Preferred Return Shipping Method: (circle one)    UPS

FedEx

USPS

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date