

SERVICE-FORM

Type info on-screen, print, & send with suspension.

CUSTOMER INFO

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Company Name	_ Date			
First Name	_ Cell Phone			
Last Name	Work Phone			
Street Address	Home Phone			
City/Town	Email 1			
State/Prov Postal Code				
RIDER INFO Rider Name	Rider weight (without gear) lbs / kg			
Rider Ability	Type of Riding □ MX □ XC □ SX □ AX			
Bike Year Comments				
Bike Make				
Bike Model				

SUSPENSION SERVICES – Please fill out to the best of your ability, thank you.

FORKS	SHOCK	PARTS	CALL ME:
☐ Oil Change ☐ Rebuild ☐ Revalve ☐ 32mm Con	Rebuild Revalve	 Seals (if needed) Bushings (if needed) Springs (if needed) Other 	 When Package Arrives With an Estimate With Total Amount When Package Ships
	Credit Card No.		Exp. Date

	Name on Card		3-Digit Code
	Street Address		
PAYPAL	State/Prov	Postal Code	(We do not accept American Express)

RETURI	N SHIPP	ING			
SERVICE:		FEDEX	🗌 DHL		Date Needed
	Ground	🗌 3-Day	🗌 2-Day	🗌 Next-Day	- Return Address Same as Above
	Street Address			City/Town	
	State/Prov_		Postal Code	9	Account # (if being used)