



Work Order

Please return this **COMPLETED** form with your motorcycle shocks. Failure to do so may delay service.

CONTACT INFORMATION

NAME: _____

DATE: _____

PHONE: _____

CELL PHONE: _____

E-MAIL: _____

Same as Billing

Residential Location

Commercial Location

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

SERVICE INFORMATION

YEAR: _____

CONVERT TO: _____

MAKE & MODEL: _____

CONVERT FROM: _____

RIDER WEIGHT: _____

STREET/RACE: _____

NUMBER OF SHOCKS/FORKS SENT: _____

WOULD YOU LIKE TO BE CONTACTED WITH A QUOTE PRIOR TO SERVICE?

YES NO

DETAILED DESCRIPTION OF SERVICE REQUEST:

(CHECK ALL THAT APPLY)

REVALVE

REBUILD

REPAIR

CONVERSION