



# 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