



Headquarters:
225 Surburban Rd
San Luis Obispo, CA 93401
Phone: (805) 544-9531


Rider Information Form

Dealer's Name IF Sent From Dealer:				Rider's Name:			
Home Address:				Apt#:		Suite#:	
City/Province:			State/Country:			Zip Code:	
Work Phone:		Extension:		Cell Phone:		Home Phone:	
Year:	Model:		Displacement:		<input type="checkbox"/> Stock Class		<input type="checkbox"/> Mod Class
Rider Weight (without gear):		Height:		Age:		Years of Riding Experience:	
Ability Level:	<input type="checkbox"/> Novice		<input type="checkbox"/> Amateur/Int		<input type="checkbox"/> Expert		<input type="checkbox"/> Pro
		<input type="checkbox"/> Vet		<input type="checkbox"/> Recreational			
Track Type(s):	<input type="checkbox"/> Moto-X		<input type="checkbox"/> Super-X		<input type="checkbox"/> Arena-X		<input type="checkbox"/> Enduro
	<input type="checkbox"/> Desert		<input type="checkbox"/> J-Day Offroad		Other:		<input type="checkbox"/> Hare Scramble
						<input type="checkbox"/> GNCC	
Terrain:	<input type="checkbox"/> Hard Pack		<input type="checkbox"/> Intermediate		<input type="checkbox"/> Sand		<input type="checkbox"/> Rocks
						<input type="checkbox"/> Roots	
Work To Be Performed:	<input type="checkbox"/> Revalve Shock *		<input type="checkbox"/> Service Shock *		<input type="checkbox"/> Oil Change Shock *		<input type="checkbox"/> Revalve CRF Damper *
	<input type="checkbox"/> Revalve Forks *		<input type="checkbox"/> Service Forks *		<input type="checkbox"/> Oil Change Forks *		<input type="checkbox"/> Service CRF Damper *

*Fluids not included *Parts not included - Example: springs, seals, bushings, etc.

IF optional springs are recommended:	<input type="checkbox"/> YES, IT IS OK to change fork and/or shock springs
	<input type="checkbox"/> NO, PLEASE CALL with recommended spring rates and pricing
<input type="checkbox"/> YES, check shock eyelet bearing(s) and replace if necessary	
<input type="checkbox"/> NO, check shock eyelet bearing(s) and call with estimate	

METHOD OF PAYMENT

<input type="checkbox"/> C.O.D. (Money Order / Bank Check)	<input type="checkbox"/> Credit Card (<i>We accept VISA, MASTERCARD, DISCOVER</i>)
IF suspension is sent by a dealer, the suspension must be returned to the dealer C.O.D (company check) OR company Credit Card	
 Number: _____ Exp. Date _____ Month: _____ Year: _____	
Card Holder's Name: _____	

SHIPPING OPTIONS

<input type="checkbox"/> GROUND	<input type="checkbox"/> 3 DAY	<input type="checkbox"/> 2 DAY	<input type="checkbox"/> 1 DAY	<input type="checkbox"/> SATURDAY DELIVERY	<input type="checkbox"/> AM DELIVERY	<input type="checkbox"/> PICK UP
<input type="checkbox"/> SHIP FREIGHT COLLECT (<i>C.O.D. not available with freight collect option</i>)		UPS Account# _____		Fed Ex Account# _____		
Ship To: (<i>If different than above</i>) Business Name: _____				Attention: _____		
Address: _____				Apt#: _____		Suite#: _____
City/Province: _____		State/Country: _____			Zip Code: _____	
E-mail address for shipment notification and tracking number: _____						
How can we make your suspension better? _____						

