



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"/> Hare Scramble	<input type="checkbox"/> GNCC	
	<input type="checkbox"/> Desert	<input type="checkbox"/> J-Day Offroad	Other:				
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? _____
