

Customers desired due date \_\_\_/\_\_\_/\_\_\_

Shop use- Date in \_\_\_/\_\_\_/\_\_\_



6487 Knight Dr. SE \* Port Orchard, WA 98367 \* FAX 360-326-7282

Riders Name:				Dealership name if sent through:				
Ship to address:								
City/Province			State/Country			Zip or Postal code:		
Contact phone 1:		Contact phone 2:			Contact phone 3:			
Year:		Make			Model			
Rider weight without gear:		Height:		Age		Tool belt or hydration system?		
Ability Level	Experience Yrs.	Novice	Intermediate	Expert	Pro	Vet		
Track types%	MX	SX	Trail/type	Enduro	HS	GNCC	Desert	Other
Terrain Types %		Roots		Rocks		Hard-pack	Intermediate	Sand
E-mail Address								

Concerns and comments regarding current suspension:

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Type of work to be performed:

We will call with setup verification and quote for any additional parts, correct springs etc. if needed.

- Fork/Shock re-valve and service.  oil seals
- Fork service  oil seals
- Shock service
- Lower suspension  1"  1.5" \*Please contact us prior to this service\*
- Other or additional repair, please describe;
- Return shipping insurance Amount \$

For security, we will call for credit card information prior to return delivery

Billing address must match to card:

Street

City:

State:

Zip or postal code: