

Order Date: _____ Name: _____ Work Phone: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Fax #: _____

Delivery location: Business / Residence

Ship Date: _____ Card No.: _____ Exp. Date: _____

Card type: M/C Visa Am/Ex Discover

Rider Weight: _____ Rider Style: _____

Year: _____ Model Name: _____

Please Check all that Apply. If necessary, fill out multiple pages for different service requests.

Full Shock Cleaning W/ Oil Change

Complete Shock Service & Rebuild

Shock Revalve (Please Explain in detail changes you would like made)

Repair Damages

Fox Float EV (extra volume) Upgrade

Other (please Explain)

