


MOTO PRO SUSPENSION SHIPPING FORM
 20016 182nd Ave NE
 Woodinville, WA 98077-6601
 1-800-277-5089
 FAX: 425-844-2359

Rider / Setup Information:

Name:	<input type="text"/>	Bike Make	<input type="text"/>
Home Phone:	<input type="text"/>	Bike Year:	<input type="text"/>
Work Phone:	<input type="text"/>	Bike Model:	<input type="text"/>
Address:	<input type="text"/>	Rider Weight: (in street clothes)	<input type="text"/>
City:	<input type="text"/>	Riding Style: (should add up to 100%)	
State:	<input type="text"/>	Trails	<input type="text"/> %
Zip:	<input type="text"/>	Enduro	<input type="text"/> %
Signature: _____		Hare Scrambles	<input type="text"/> %
Date: ____ / ____ / ____		Motocross	<input type="text"/> %
		Other	<input type="text"/> %

Services:

Shock:	Ultramax	<input type="checkbox"/>
	Revalve	<input type="checkbox"/>
	Rebuild	<input type="checkbox"/>
	Other	<input type="checkbox"/>
If other please specify here:		
Fork:	Ultramax	<input type="checkbox"/>
	Revalve	<input type="checkbox"/>
	Rebuild	<input type="checkbox"/>
	Other	<input type="checkbox"/>
If other please specify here:		

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Method of Payment:

C.O.D. <input type="checkbox"/>	Credit Card: <input type="checkbox"/>
Credit Card Information:	
Type:	<input type="text"/>
Number:	<input type="text"/>
Exp. Date:	<input type="text"/>