



PR2 RACING TECHNOLOGY

CUSTOM SUSPENSION
WORK ORDER

RIDER: _____

CONTACT: () _____

TECHNICIAN: _____

RECIEVED ON: _____

(PR2 USE ONLY)

DATE: _____

PERSONAL INFO

NAME: _____

PHONE NUMBER: () _____

EMAIL: _____

CREDIT CARD #: _____

EXP: _____ CVV: _____

RIDER / BIKE INFO

RIDER NAME: _____

RIDER WEIGHT: _____

RIDER HEIGHT: _____

YEAR/MAKE/MODEL: _____

TERRAIN/SKILL: _____

SHIPPING INFO

BILLING ADDRESS

SHIPPING ADDRESS

DISPOSABLE BOX

GUN CASE

DROP-OFF

BIKE DROP-OFF (FEES APPLY)

SAME AS BILLING ADDRESS

(PLEASE CHECK THE SERVICES YOU WOULD LIKE.)

PHASE 1

SERVICE & OIL CHANGE

PHASE 2

RE-VALVE & CUSTOM SET UP

FORK SERVICE + FLUIDS

SHOCK SERVICE + FLUIDS

REPLACE WORN PARTS & ADD TO INVOICE

CALL TO DISCUSS REPLACEMENT PARTS

FORK RE-VALVE + FLUIDS

SHOCK RE-VALVE + FLUIDS

REPLACE WORN PARTS & ADD TO INVOICE

CALL TO DISCUSS REPLACEMENT PARTS

SPRINGS

SPRING UPGRADES / WEIGHT SET-UP

FORK SPRINGS

SHOCK SPRING

UPGRADE SPRINGS & ADD TO INVOICE

CALL IF SPRINGS NEED TO BE CHANGED

NOTIFY ME FOR POTENTIAL UPGRADES FOR MY RIDE.

NOTES: _____
