

## WORK ORDER

RIDER:	
CONTACT: (	)
TECHNICIAN:	
RECIEVED ON: _	
	(PR2 USE ONLY)

DATE: \_\_\_\_\_

PERSUNAL INFU		RIDER / BIKE INFO		
NAME:		RIDER NAMI	E:	
PHONE NUMBER:		RIDER WEIGHT:		
EMAIL:		RIDER HEIGHT:		
CREDIT CARD #:		YEAR/MAKE/MODEL:		
EXP: CVV:		TERRAIN/SI	SILL:	
SHIPPING INFO E	BILLING AD	DRESS	SHIPPING ADDRESS	
DISPOSABLE BOX				
GUN CASE				
DROP-OFF				
BIKE DROP-OFF (FEES APPLY)			SAME AS BILLING ADDRESS	
(PLEAS	SE CHECK THE SE	RVICES YOU WOU	LO LIKE.)	
PHASE 1			PHASE 2	
SERVICE & OIL CHANGE			RE-VALVE & CUSTOM SET UP	
FORK SERVICE + FLUIDS			FORK RE-VALVE + FLUIDS	
SHOCK SERVICE + FLUIDS			SHOCK RE-VALVE + FLUIDS	
REPLACE WORN PARTS & ADD TO INVOICE			REPLACE WORN PARTS & ADD TO INVOICE	
CALL TO DISCUSS REPLACEMENT PARTS			CALL TO DISCUSS REPLACEMENT PARTS	
SPRINGS SPRING UPGRADES / WEIGHT S	ETUD		NOTIFY ME FOR POTENTIAL UPGRADES FOR MY RIDE.	
	E I-UP			
FORK SPRINGS		NOTES:		
FORK SPRINGS SHOCK SPRING		NOTES:		
		NOTES:		
SHOCK SPRING		NOTES:		