



SUSPENSION FORM

409 DROSTE ROAD
ST. CHARLES MO 63301
636-896-4488

Please fill out the following form and include in the package with your suspension.

RIDER INFORMATION

NAME

SHIP DATE

PHONE

E-MAIL

BILLING ADDRESS

RETURN SHIPPING ADDRESS

RIDER WEIGHT (WITHOUT GEAR)

PASSENGER + EXTRA GEAR WEIGHT

BIKE INFORMATION

YEAR

Make

Model

TYPE OF RIDING (PLEASE SELECT ALL THAT APPLY)

COMMUTING

TOURING

ADV TOURING

BACK-ROAD

TRACKDAY

ROAD RACING

TRAIL

MOTOCROSS

HARE SCRAMBLE

Other

PLEASE DESCRIBE YOUR SERVICE REQUEST BELOW. WE WILL CONTACT YOU ONCE YOUR SUSPENSION ARRIVES.