



RIDER INFORMATION FORM

Dealer's Name or Bill to Name:		Rider's Name:
How did you hear of us?		Ship to address:
E-mail Address:		Phone Number:
Year:	Model:	Displacement:
Rider Weight (w/o gear):		Rider Height:
Ability Level: <input type="checkbox"/> Beginner <input type="checkbox"/> Novice <input type="checkbox"/> Expert <input type="checkbox"/> Pro <input type="checkbox"/> Vet <input type="checkbox"/> Recreational		
Track Types: <input type="checkbox"/> MX <input type="checkbox"/> Super-X <input type="checkbox"/> Arena-X <input type="checkbox"/> Enduro <input type="checkbox"/> Desert <input type="checkbox"/> Supermoto <input type="checkbox"/> Freestyle		
Shock Work to be Performed: <input type="checkbox"/> Revalve Shock <input type="checkbox"/> Rebuild Shock		
Fork Work to be Performed: <input type="checkbox"/> Revalve Forks <input type="checkbox"/> Rebuild Forks		

Comments/Complaints with Current Suspension:

Technician Use Only

External Settings:							
Forks:	C	R	Springs	Pre Load	level	visc.	
set to	C	R	Springs	Pre Load	level	visc.	
Shock:	C	R	HS	Spring	Pre Load	visc.	
set to	C	R	HS	Spring	Pre Load	visc.	
ID							
Notes:							