

RIDER PROFILE

Today's Date _____ Desired Completion Date _____
Bill to: _____ Ship to: () Same as Bill to
Name _____ Name: _____
Address _____ Address: _____
Phone# _____ Work# _____ Cell# _____
E-mail Address _____
Method of Payment: () C.O.D. () Visa () M/C # _____
X _____

3 Digit code on back of card _____
Type of work being performed: () Service () Custom Revalving () Valving Update
() Forks and/or () Shock **OR** ATV () Front Shocks and/or () Rear Shock
Do you want seals? (Highly Recommended): () Yes () No
Have you removed aftermarket fork bleeders and any fork guards? () Yes
Age _____ Height _____ Weight (no gear) _____

Rider Classification: _____ Type Of Riding (no more than 2) **and Where:**
Beginner _____ MX: _____
Novice _____ SX: _____
Intermediate _____ GP: _____
Expert _____ Desert: _____
Pro _____ Woods: _____
Do you Race? () Yes () No Dual Sport: _____
Freestyle: _____
Other: _____
Motorcycle/ATV: Year _____ Make _____ Model _____ cc _____

Information Below This Line Is For Custom Valving ONLY

Do you have any after market parts? i.e.: Shock Linkage, Triple Clamps, Springs, fuel tank, skid plate, etc.: _____

How is your bike handling overall for your type of riding? _____

Does it bottom too much? _____

How does it turn? _____

How does it take whoops? _____

How does it take G-outs? _____

How does it take braking and acceleration bumps? _____

How does it take square edges or small chop? _____

List any other bike handling problems or comments: _____

Signature _____ Date _____

6236 River Crest Dr. Ste I
Riverside, CA 92507
(951) 697-8488
(951) 656-1171 Fax