



SERVICE FORM

**Please remove ALL hardware, guards, guides, etc. before shipping.*

Rider / Bike Information

Name of Rider: _____

Bike Year: _____ Bike Make: _____ Bike Model: _____

Suspension Service

Item(s) Sent In: (circle) Forks Shock

Weight w/o Gear: _____ Type of Riding: _____ Ability/Class: _____

Terrain: _____ Other Information: _____

Description of Work: _____

Motor Service

Item Sent In: (circle) Head Cylinder Complete Motor Carburetor

Description of Work: _____

Billing Information

Name on Credit Card: _____

Home Phone: _____ Work Phone: _____

Payment Method: (circle one) Visa Master Card American Express

Credit Card Number: _____ 3-Digit Code: _____ Exp Date: _____

Shipping Information

Ship To Name: _____

Address: _____

City: _____ State/Prefecture: _____

Zip/Postal Code: _____ Email: _____

Phone: _____ Fax: _____

Shipping: (circle one) Ground 3-Day 2-Day Overnight

2771 WARDLOW RD, CORONA, CA 92882

TEL: 951.738.8050 FAX: 951.738.8065 WEB: www.procircuit.com