



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: _____

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**

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