



SUSPENSION REQUEST FORM

Enzo Racing Canada
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 tim@enzoracingcanada.com
 www.enzoracingcanada.com

Dealership Billing:

Name of Dealership:	Billing Address:
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Rider's Name:		Address:	
City:	Province:	Postal Code:	
Phone:	Cell:	Email:	

Year:	Make & Model:	2 or 4 stroke:	Kayaba or Showa:	Rider Weight (w/o gear):	Height:
Riding Ability	<input type="radio"/> Beginner <input type="radio"/> Junior <input type="radio"/> Intermediate <input type="radio"/> Pro <input type="radio"/> Vet <input type="radio"/> Recreational Age:				
Riding Style	<input type="radio"/> MX <input type="radio"/> Arena-X <input type="radio"/> Super-X <input type="radio"/> X-Country <input type="radio"/> Freestyle				
Terrain	<input type="radio"/> Hard Pack <input type="radio"/> Intermediate <input type="radio"/> Sand				
Currently Your Suspension Is	<input type="radio"/> Stock & Not Ridden <input type="radio"/> Stock & Ridden <input type="radio"/> Modified By: _____ <input type="radio"/> Damaged				
Complaints About Current Suspension					

FORKS	<input type="radio"/> Revalve - customized suspension <input type="radio"/> Rebuild and service <input type="radio"/> Lowering <input type="radio"/> Spring (s)			
SHOCK	<input type="radio"/> Revalve - customized suspension <input type="radio"/> Rebuild and service <input type="radio"/> Lowering <input type="radio"/> Spring			

Please mark rider's name on all suspension. Send this form and payment along with your suspension.

Return Shipping (collect)	<input type="radio"/> Purolator <input type="radio"/> FedEx <input type="radio"/> Loomis <input type="radio"/> Greyhound	Account #
Shipping Preference	<input type="radio"/> Ground <input type="radio"/> Air <input type="radio"/> Sat. Delivery <input type="radio"/> Hold for Pickup	
Shipping Address, Postal Code		
Phone Number, Contact		
Who referred you to Enzo? Or, how did you hear about us?		

Payment + GST is required. An invoice will be returned to you and any balance remaining is due upon receipt.

Payment: <input type="radio"/> Cash <input type="radio"/> Cheque <input type="radio"/> Money Order <input type="radio"/> Dirt Bucks <input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> Amex							
Credit Card #				Expiry Date:			
Name on Card:				Signature of cardholder:			

Subtotal	GST	TOTAL
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Enzo Office Use Only

Date Received:		Date Returned:		Invoice Amount:		Invoice #:	
FORKS	Compression:	Rebound:	Oil Height:	Spring Rate:			
SHOCK	High Speed Compression:	Low Speed Compression::	Rebound:	Spring Rate:	Sag:		