



# SUSPENSION REQUEST FORM

**Enzo Racing Canada**  
 215 Lineham Acres Close NW  
 High River, AB T1V 1W6  
 Ph: (403) 818-4098  
 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"/> Snowmobile					
MX 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 (s)	<input type="radio"/> Revalve - customized suspension <input type="radio"/> Rebuild and service <input type="radio"/> Lowering <input type="radio"/> Spring (s)			

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: