



Work Order Form

Please fill in form online, print it out and send along with Products to:
Öhlins USA, Attn M/C Service, 703-C South Grove St., Hendersonville, NC 28792

Personal Information

Date _____ Business Name/ Name _____

Street _____

City / State / Zip _____

Phone# Day _____ Eve _____

Fax _____ E-mail _____

Shock Application

P.O. # _____

Make _____ Model _____ Year _____

Date and mileage of last shock service _____

Majority of Riding (touring, 2 up touring, Sport, Track) (if 2 up, % of time solo vs 2 up)

Rider wt. (w/leathers and helmet) Lbs _____ Passenger wt. Lbs _____ Luggage Lbs _____

Parts Included in Shipment _____

Work to be Performed _____

Special Instructions _____

Return Shipping: Check Box next to your preferred return shipping

If Return Address is same as above

U.P.S. Ground 3 Day 2 Day Next Day Early AM Sat. Delivery

Please fill in above form, print two copies and enclose one with returned item.