



MTB WORK ORDER FORM

THIS IS AN INTERACTIVE PDF. USING YOUR KEYBOARD, PLEASE TYPE YOUR INFO INTO EACH FIELD BELOW. PRINT THE COMPLETED FORM AND INCLUDE WITH YOUR SHIPMENT.

Please ship your package to: Attn: MTB Service // Öhlins USA // 703 S. Grove St. Suite C // Hendersonville, NC 28792

Date: _____ Business or Name: _____

Street Address: (No P.O. Boxes) _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Bicycle Brand: _____ Bicycle Model: _____ Year: _____

Rider Weight: _____ Age of Shock: _____ Hours on Damper: _____



**NO STYROFOAM
PACKING**

Work to be Performed:

List any Damper Performance Issues:

Special Instructions:

Credit Card #: _____ EXP DATE: ____/____/____ CVV#: _____

Card Holder Name: _____ (Exactly as printed on Card) Billing Address: Same as above

Address: _____ City: _____ State: _____ Zip Code: _____

FOR ÖHLINS USE ONLY

Date Rec: _____ Bin #: _____ Cust Acct #: _____ Work Order #: _____ Cust Order #: _____

Item #1 _____ Batch # _____ Spring # _____

Item #2 _____ Batch # _____ Spring # _____

Item #3 _____ Batch # _____ Spring # _____

Notes/Parts: _____
