



MC WORK ORDER FORM

Please ship your package to: 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: _____ County: _____

Phone #: _____ Email: _____

Bike Make: _____ Model: _____ Year: _____

Rider Weight: _____ Passenger Weight: _____ Luggage / Cargo Weight: _____

Primary Riding (Touring, Sport, Track): _____ % of Time Riding 2UP: _____

Date or Milage Since Last Service: _____ Total Miles on Suspension: _____

Work to be Performed / Instructions:



**NO STYROFOAM
PACKING**

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

Card Holder Name: _____ Billing Address: Same as above

(Exactly as printed on Card)

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

Estimate required before work

Approve rebuild cost to value of \$ _____ (will reduce turnaround time)

Rebuild cost quoted previously: Who: _____ Amount: _____

Return Shipping: Check Box next to your preferred return shipping method.

Required Return Date (Expedite Service Fees may apply) _____

Ground 3-Day 2-Day Next Day Early AM Saturday Delivery

FOR ÖHLINS USE ONLY

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

Item #1 _____ Batch # _____ Spring # _____

Item #2 _____ Batch # _____ Spring # _____

Notes/Parts: _____

Out Bin #: _____ Has Box: Yes No