



# MC WORK ORDER FORM

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



**NO STYROFOAM  
PACKING**

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:

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