



MTB WORK ORDER FORM

THIS IS AN INTERACTIVE PDF. USING YOUR KEYBOARD, PLEASE TYPE YOUR INFO INTO EACH FIELD BELOW

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:

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: Zip Code:

FOR ÖHLINS USE ONLY

Date Received: Customer Acct #: Customer Order #: Work Order #:

Item #1 Item #2 Item #3

Batch # Batch # Batch #

Spring # Spring # Spring #

Notes/Parts: