



CUSTOMER WORK ORDER FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Contact Phone Number _____ email _____

Please check one of the following:

CRANKSHAFT CYLINDER BLOCK CYLINDER HEAD TRANSMISSION

OTHER _____

Note: Be sure to let us know if there are any loose parts being sent.

Tell us about your bike:

MAKE: _____ MODEL: _____ YEAR: _____

Work you would like to have done: _____

Any additional instructions: _____

Return Shipping Method (APPLICABLE RATES APPLY):

UPS GROUND UPS 3 DAY SELECT UPS 2ND DAY AIR UPS NEXT DAY AIR

USPS PRIORITY MAIL USPS EXPRESS MAIL OTHER _____

Method of Payment:

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CV CODE (last 3 numbers on back of card): _____

OR OTHER METHOD OF PAYMENT: _____