



37625 Batt Road
Abbotsford, BC V3G 2L3

726 Cherry Street, #6033
Sumas, WA 98295

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V3G 2L3.

PHONE-604.850.1072

Dealer's Name IF Sent From Dealer:					Rider's Name:								
Home Address:							Apt#:		Suite#:				
City/Province:				State/Country:				Postal Code:					
Work Phone:			Extension:		Cell Phone:			Home Phone:					
Year:		Make:				Model:							
Rider Weight (without gear):			Height:		Age:		Years of Riding Experience:						
Ability Level:		<input type="checkbox"/> Novice		<input type="checkbox"/> Amateur/Int		<input type="checkbox"/> Expert		<input type="checkbox"/> Pro		<input type="checkbox"/> Vet		<input type="checkbox"/> Recreational	
Track Type(s):		<input type="checkbox"/> Moto-X		<input type="checkbox"/> Super-X		<input type="checkbox"/> Arena-X		<input type="checkbox"/> Enduro		<input type="checkbox"/> Single Track		<input type="checkbox"/> Snow Bike	
		<input type="checkbox"/> Snow Mobile		<input type="checkbox"/> UTV		Other:							
Terrain:		<input type="checkbox"/> Hard Pack		<input type="checkbox"/> Intermediate		<input type="checkbox"/> Sand		<input type="checkbox"/> Rocks		<input type="checkbox"/> Roots			
Work To Be Performed:		<input type="checkbox"/> Revalve Shock 225.00 + Parts					<input type="checkbox"/> Service Shock 120.00 + Parts						
		<input type="checkbox"/> Revalve Forks 275.00 + Parts					<input type="checkbox"/> Service Forks 160.00 + Parts						

Snow Bike SIGNATURE SERIES UPPER TUBE COLOR Black kashima Other

IF optional springs are recommended:		<input type="checkbox"/> YES, IT IS OK to change fork and/or shock springs	
		<input type="checkbox"/> NO, PLEASE CALL with recommended spring rates and pricing	
<input type="checkbox"/> YES, check shock eyelet bearing(s) and replace if necessary		<input type="checkbox"/> NO, check shock eyelet bearing(s) and call with estimate	

METHOD OF PAYMENT

<input type="checkbox"/> E-TRANSFER		<input type="checkbox"/> Credit Card (We accept VISA, MASTERCARD, DEBIT)	
IF suspension is sent by a dealer , the suspension must be returned to the dealer C.O.D (company check) OR company Credit Card			
Number:		Month:	
		Year:	
		3 Digit	
Card Holder's Name:			

SHIPPING OPTIONS

<input type="checkbox"/> GROUND		<input type="checkbox"/> OVER NIGHT		<input type="checkbox"/> PICK UP @ RMR	
Ship To: (If different than above) Business Name:				Attention:	
Address:				Apt#:	
				Suite#:	
City/Province:			State/Country:		
			Zip Code:		
E-mail address for shipment notification and tracking number:					
How did you hear about RMR SUSPENSIONS					
How can we make your suspension better?					