



6236 River Crest Dr. Ste I
Riverside, CA. 92507
(951) 697-8488
(951) 656-1171 Fax

RIDER PROFILE FORM

Today's Date _____

Desired Completion Date _____

Billing Address:

Name _____

Address _____

Phone# _____

Cell# _____

E-mail Address _____

Ship to: () Same as Billing

Name _____

Address _____

Phone# _____

Cell# _____

Method of Payment: () C.O.D. () Visa () M/C # _____ X _____

3 Digit code on back of card _____

Type of work being performed: () Service () Custom Revalve () Valving Update

() Forks and/or () Shock

OR ATV () Front Shocks and/or () Rear Shock

Do you want seals? (Highly Recommended): () Yes () No

Have you removed aftermarket fork bleeders and any fork guards? () Yes

Age _____ **Height** _____ **Weight (no gear)** _____

Rider Classification:

Beginner _____

Novice _____

Intermediate _____

Expert _____

Pro _____

Do you Race? () Yes () No

Type Of Riding (no more than 2) and Where

MX: _____

SX: _____

GP: _____

Desert: _____

Woods: _____

Dunes: _____

Freestyle: _____

Other: _____

Motorcycle/ATV: Year _____ **Make** _____ **Model** _____ **cc** _____

Information Below This Line Is For Custom Valving ONLY!

Do you have any after market parts? i.e.:

Shock Linkage, Triple Clamps, Springs, fuel tank, skid plate, etc.:

Does your bike bottom too much? _____

How is your bike handling overall for your type of riding? _____

How does it turn? _____

How does it take whoops? _____

How does it take G-outs? _____

How does it take braking and acceleration bumps? _____

How does it take square edges or small chop? _____

List any other bike handling problems or comments: _____

Signature _____ Date _____