



ORDER REQUEST FORM

623 East Oak Street, Suite D
Lodi, California 95240
(209) 368-9800
(209) 368-5682 fax

PLEASE PRINT

DATE: / /

YOUR CONTACT INFORMATION
NAME:
PHONE: CELL PHONE:
BILLING ADDRESS:
CITY STATE: ZIP:
SHIPPING ADDRESS:
CITY STATE: ZIP:
ALTERNATE CONTACT:

Tell Us About Your Bike
MAKE: MODEL: YEAR:

PAYMENT INFORMATION
MasterCard/VISA/Discover Acct # - - - - - Exp. / CVV2
BILLING ADDRESS:
CITY STATE: ZIP:
AUTHORIZED SIGNATURE: DATE:

PLEASE DESCRIBE THE PARTS YOU ARE SENDING:

ANY SPECIAL REQUESTS?

**FOR EXPEDITED ORDERS SIGN HERE, ADD \$50 TO TOTAL

Thank You!! We Appreciate Your Business!!