

Ship to:
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Penrith NSW 2750



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RIDER INFORMATION FORM		
Dealers Name (if applicable):		Rider's Name:
Home Address:		City, State, Post Code:
E-mail Address:		Phone Number:
Year:	Model:	Capacity:
Rider Weight (w/o gear):		Rider Height:
Ability Level		
<input type="checkbox"/> Beginner <input type="checkbox"/> Novice <input type="checkbox"/> Expert <input type="checkbox"/> Pro <input type="checkbox"/> Vet <input type="checkbox"/> Recreational		
Track Types		
<input type="checkbox"/> MX <input type="checkbox"/> Super-X <input type="checkbox"/> Arena-X <input type="checkbox"/> Enduro <input type="checkbox"/> Desert <input type="checkbox"/> Supermoto <input type="checkbox"/> Freestyle		
Shock Work to be Performed		
<input type="checkbox"/> Revalve Shock <input type="checkbox"/> Rebuild Shock <input type="checkbox"/> Remove/Install Shock onto Bike		
Fork Work to be Performed		
<input type="checkbox"/> Revalve Forks <input type="checkbox"/> Rebuild Forks <input type="checkbox"/> Remove/Install Forks onto Bike		
<i>If you are unsure of what you need, we will call you with suggested works and pricing, so be sure to leave your contact phone number/s in the space above.</i>		
Comments/Complaints with Current Suspension		
Method of Payment		
<input type="checkbox"/> Direct deposit <input type="checkbox"/> Credit Card <input type="checkbox"/> COD		
Card Number:	Exp. Date:	V Code:
Card Holder's Name:		
Shipping Options		
Ship to Address (if different from above):		
<input type="checkbox"/> Normal post <input type="checkbox"/> Overnight TOLL <input type="checkbox"/> Express Post <input type="checkbox"/> COD <input type="checkbox"/> Will Pick-Up		