



3430 South New Hope Road Gastonia, NC 28056 Call or Text: 704-747-5116 Email: petr@x3msuspension.com

DROP OFF DATE:
APPT DATE:
PICK UP DATE:

SUSPENSION SERVICE REQUEST FORM

Customer Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Bike Year _____ Make _____ Model _____

Rider Weight (No Gear) _____ Type of Riding _____ Skill Level _____ Age _____

Oversized Tank YES / NO

How did you hear about us: _____

Forks: Rebuild or Revalve

Springs Yes / No / If Required Springs

Seals Yes / No / If Required

Bushings Yes / No / If Required

Lowering Yes / No - ____mm(@wheel)

Shock: Rebuild or Revalve

Springs Yes / No / If Required Springs

Seals Yes / No / If Required

Bushings Yes / No / If Required

Bottom-Out Bumper Yes / No / If Required

Lowering Yes / No - ____mm(@wheel)

What would you like us to know before working on your suspension?

I hereby authorize the above service work to be done along with the necessary material, and hereby grant you permission to operate the suspension for the purpose of testing and /or inspection. An express mechanic's lien is hereby acknowledged on above motorcycle/components to secure the amount of repairs thereto.

X _____

FORK SETTING	
SPRING RATE:	
STOCK RATE:	
COMP:	REB:
N2:	
OIL HT:	OIL WT:
PRE LOAD:	IN TREE:

SHOCK SETTING	
SPRING RATE:	
STOCK RATE:	
COMP HS:	LS:
REB:	
OIL HT:	N2:
PRE LOAD:	SAG: