

FTI EAST WORK ORDER

Rider Name: _____ Referred By: _____

Bike Year: _____ Bike Make _____ Bike Model: _____

Rider Info: _____
Level _____ Type: _____ Age: _____ Wt: _____

Item(s) Sent In: (circle) _____ Forks _____ Shock _____ Other _____

Suspension Services: ☐ Rebuild ☐ Revalve (includes rebuild) ☐ Seals ☐ Other

Problems with current suspension: _____

Billing Information:

Name on Credit Card: _____

Billing Address: _____

Home Phone: _____ Work Phone: _____

Payment Method: (circle one) _____ Visa _____ Mastercard _____ Discover _____

Credit Card Number: _____ CSS# _____ Expiration Date: _____

Shipping Information:

Ship To Name: _____

Address: _____

City _____ State _____

Zip Code _____ Email: _____

Phone: _____ Fax: _____

Shipping (circle one) _____ UPS - Ground _____ 3-Day _____ 2-Day _____ Overnight or USPS _____

2066 E Holly Grove Rd., Lexington, NC 27292

Ph: (336) 475-2104 WEB: ftiracing.com

NOTES: Please remove fork guards and push button bleeders and replace with bleeder screws before shipping
Forks sent with bleeders will be subject to an additional charge for bleeder removal and new bleeder screws