



Service Form

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North Geelong
VIC 3215

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* Please remove speed bleeders and replace with screws before shipping, to avoid leakages.

Rider / Bike Information

Date _____

Name of Rider: _____

Bike Year: _____ Bike Make: _____ Bike Model _____

Suspension Service

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

Weight Without Gear: _____ Type of Riding: _____ Ability/Class: _____

Terrain: _____ Other Information: _____

Description of Work Required: _____

Billing Information

Name on Credit Card: _____

Credit Card Number: _____

Exp Date: _____ CCV : _____ Card Type: _____

Shipping Details

Ship to Name: _____

Address: _____

Town/Suburb: _____ State/Territory: _____ Post Code: _____

Phone: _____ Fax: _____ email: _____

