



# Mail in Service Form

Please print, fill out & send with your suspension to

ESR  
101 Iowa Ave. South  
Eitzen, MN 55931

## Customer Info:

Company Name \_\_\_\_\_ Date \_\_\_\_\_  
 First Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Last Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City/Town \_\_\_\_\_ Email 1 \_\_\_\_\_  
 State/Prov. \_\_\_\_\_ Zip Code \_\_\_\_\_ Email 2 \_\_\_\_\_

## Rider Info:

Rider Name \_\_\_\_\_ Rider Weight (without gear) \_\_\_\_\_  
 Rider Ability Beginner Intermediate Expert Type of Riding MX SX  
 Bike Year \_\_\_\_\_ Comments: \_\_\_\_\_  
 Bike Make \_\_\_\_\_  
 Bike Model \_\_\_\_\_

## Suspension Services: *Please fill out to the best of your ability.*

<b>FORKS:</b>	<b>SHOCK:</b>	<b>PARTS:</b>	<b>CONTACT ME:</b>
<input type="checkbox"/> Oil Change	<input type="checkbox"/> Oil Change	<input type="checkbox"/> Seals (if needed)	<input type="checkbox"/> when package arrives
<input type="checkbox"/> Rebuild	<input type="checkbox"/> Rebuild	<input type="checkbox"/> Bushings (if needed)	<input type="checkbox"/> with estimate
<input type="checkbox"/> Revalve	<input type="checkbox"/> Revalve	<input type="checkbox"/> Springs (if needed)	<input type="checkbox"/> with total amount
		<input type="checkbox"/> Other _____	<input type="checkbox"/> when package ships

## Payment Info:

Visa Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Mastercard Name on Card \_\_\_\_\_ 3-Digit Code \_\_\_\_\_  
PayPal Street Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Return Shipping:

Select preferred shipping method:  
UPS FEDEX Speedy US Postal Service  
 Select preferred delivery:  
Ground 3-Day 2-Day Next Day  
Return Address same as customer info above Date Needed \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_