

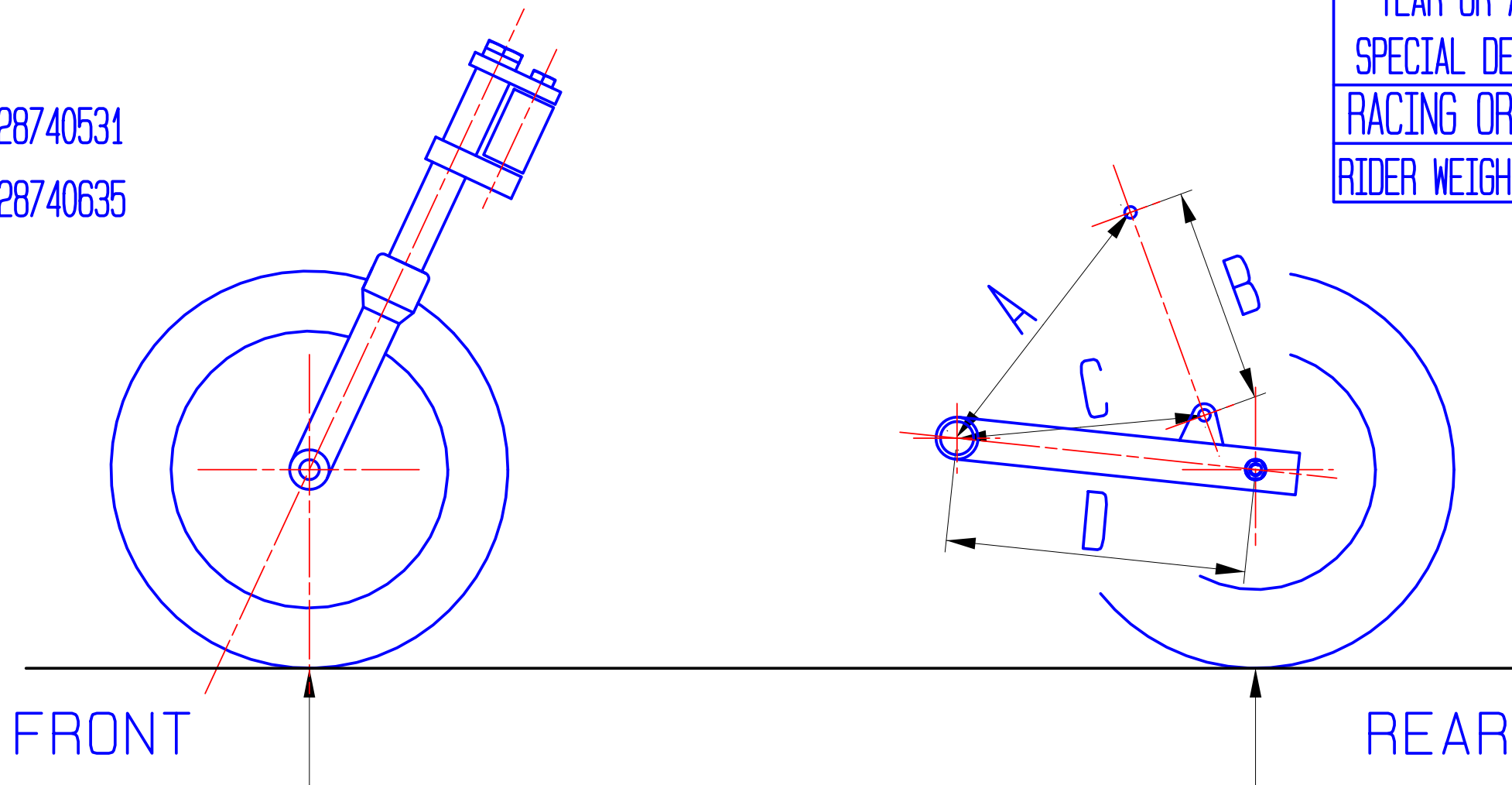
YOUR NAME _____

YOUR TEL# _____

OUR TEL# 01928740531

OUR FAX# 01928740635

MAKE OF MACHINE	_____
MODEL	_____
YEAR OR ANY SPECIAL DETAILS	_____
RACING OR ROAD	_____
RIDER WEIGHT WITH RIDING GEAR	_____



FRONT

REAR

WEIGHT _____kg.

WEIGHT _____kg.

SUSPENSION DETAILS		
DIM (A)=_____	SUS. LENGTH=(B)=_____	
DIM (C)=_____	DIM (D)=_____	
TOP EYE =	_____WIDE	_____HOLE
BOTTOM EYE =	_____WIDE	_____HOLE

CREDIT CARD #	
SECURITY CODE#	
EXP. DATE.	ISSUE.
DELIVERY ADDRESS.	