

SLAVENS

WWW.SLAVENS RACING.COM

YOUR INFORMATION

Name: _____

Company: _____

Phone: _____ (home) _____ (work) _____ (cell)

email: _____

age: _____

height: _____

weight without gear: _____

weight with gear: _____

Billing Address:

Street: _____

City: _____ State: _____ Zip: _____

Shipping Address:

Street: _____

City: _____ State: _____ Zip: _____

MOTORCYCLE INFORMATION

Make: _____ Model: _____ Year: _____ Size (cc): _____

Rider Ability: Beginner Novice Intermediate Expert

Types of Terrain: _____

WORK NEEDED

COMMENTS/SPECIAL REQUESTS

RETURN SHIPPING DETAILS

UPS Ground 3-Day Select 2nd Day Air Next Day Air

PAYMENT METHOD

Check/Money Order Enclosed

Credit Card Number: _____ Expiration: _____

Signature: _____ Todays date: _____