



OFF-ROAD RIDER INFORMATION FORM

Name: _____ Height: _____

Phone: _____ Weight: _____

Email: _____ Age: _____

Address: _____

Bike Make: _____ Year: _____

Bike Model: _____ CC: _____

Bike use: (circle one) Beginner Novice Intermediate Expert Pro

Work Requested: (circle)	Service I (inspect, clean and change oil)	Service II (inspect, clean, replace seals & change oil)	Rebuild (new bushings and seals)	Revalve	Respring
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Note: Seals are included in all Service II and Rebuilds, unless you check this box:

----- (For Respring and Revalve only) -----

How well does your bike handle in general:

How well does it deal with the following:

Whoops:

Jumps:

G-outs:

Braking bumps:

Chop or trail junk:

Acceleration bumps:

Any non stock chassis parts: (springs, triple clamps, linkage, etc)

Please list your current sag numbers:

Front Static (bike only): _____ Rear Static (bike only): _____

Front Total (bike & rider): _____ Rear Total (bike & rider): _____

If you need help measuring sag, see our website for instructions at www.superplushsuspension.com

Super Plush Suspension – 1025 Tennessee Street, San Francisco, CA 94107