

MOTON SHOCK ORDER FORM

PO #: _____ Date: _____

BILLING ADDRESS:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Daytime Phone: _____

SHIPPING ADDRESS:

Name: _____

Address: _____

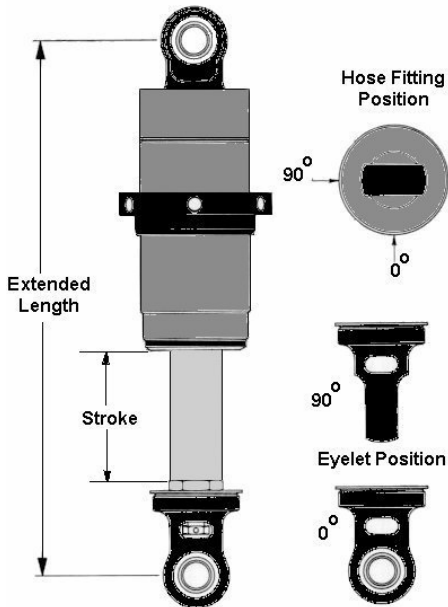
City: _____ State: _____

Zip: _____ Country: _____

Daytime Phone: _____

SHIP VIA: ALL SHIPMENTS ARE BY 2 DAY AIR FROM HOLLAND AT NO CHARGE

INFORMATION NEEDED TO ORDER ADJUSTABLE MOTON DAMPERS



	FRONT	REAR
Shock Part #		
Quantity		
Extended Length		
Required Stroke		
Hose Length (Shortest Possible is Best)		
Hose Fitting Position (0° or 90°)		
Eyelet Window Position (0° or 90°)		
Spring I.D. to be Used		
Type & Class of Race Car		
Race Car Weight		
Normal Front Spring Rate		
Normal Rear Spring Rate		

METHOD OF PAYMENT:

COD (\$7.00 charge)
 VISA
 Master Card
 Account

OTHER: _____

Card Number:

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Exp. Date:

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Name as appears on card

Signature