



GP Suspension  
2041 Cabot PL  
Unit F  
Oxnard, CA 93030  
805-251-1400

# Work Order Form

Please print this form and include with your suspension shipment. You will receive an order acknowledgement when we receive your shipment. We will contact you for payment on completion of your job.

Contact Name:

Contact Number:

Contact Email Address:

Shipping Address:

Motorcycle Year Make & Model:

Suspension Service Requested:

Rider Weight & preferred Riding Style:

Anything Else You'd Like Us To Know: