

**YOUR INFORMATION**

Today's Date:

| | | |
|----------|--------|--------|
| Name: | | |
| Company: | | |
| Phone: | (home) | (work) |
| Email: | | |

Elevation where you ride:

Billing Address:

| | | |
|---------|--------|-----------|
| Street: | | |
| City: | State: | Zip Code: |

Payment Method

| | |
|---------------------|----------------------|
| Credit Card Number: | CVV (Security Code): |
| Signature: | Expiration Date: |

Return Shipping Details (check one):

☐ USPS Priority (2-3 Days) ☐ 2nd Day ☐ Next Day ☐ UPS Ground

MOTORCYCLE INFORMATION

| | | | |
|-------|--------|-------|------------|
| Make: | Model: | Year: | Size (cc): |
|-------|--------|-------|------------|

Service Work Needed:

Comments/Special Requests:

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