

ORDER FORM

FIRST NAME		
LAST NAME		
ADRESS		
TOWN		
STATE		
COUNTRY		
ZIP CODE		
EMAIL		
PHONE 1		<i>EXT.:</i>
PHONE 2		<i>EXT. :</i>
PHONE 3		<i>EXT. :</i>

CREDIT CARD # : _____

EXP. DATE : __/__/__ **#VER.DIGITS.** ____

TYPE OF CARD (EX :VISA,MASTERCARD): _____

MOTORCYCLE INFORMATIONS	
EXACT MODEL	
YEAR	
MILLEAGE	

DO YOU USUALLY CARRY A PASSENGER? : _____ (ex : 75% of the time, yes.)

YOUR APPROXIMATE WEIGHT ? : _____ lbs

WEIGHT OF THE PASSENGER (IF THERE) ? : _____ lbs

DO YOU HAVE SADDLEBAGS? IF YES, ARE THEY OEM ? FIBER OR LEATHER ?, OR SPECIFY. ?

DO YOU HAVE A "TOUR PAK"? FIX OR REMOVABLE ? _____

YOU DRIVE A MOTORCYCLE SINCE..? _____

HOW DID YOU FIND THE PRODUCT? (BY A FRIEND, INTERNET, SHOW..) _____

FAX to: 1-450-433-1082

