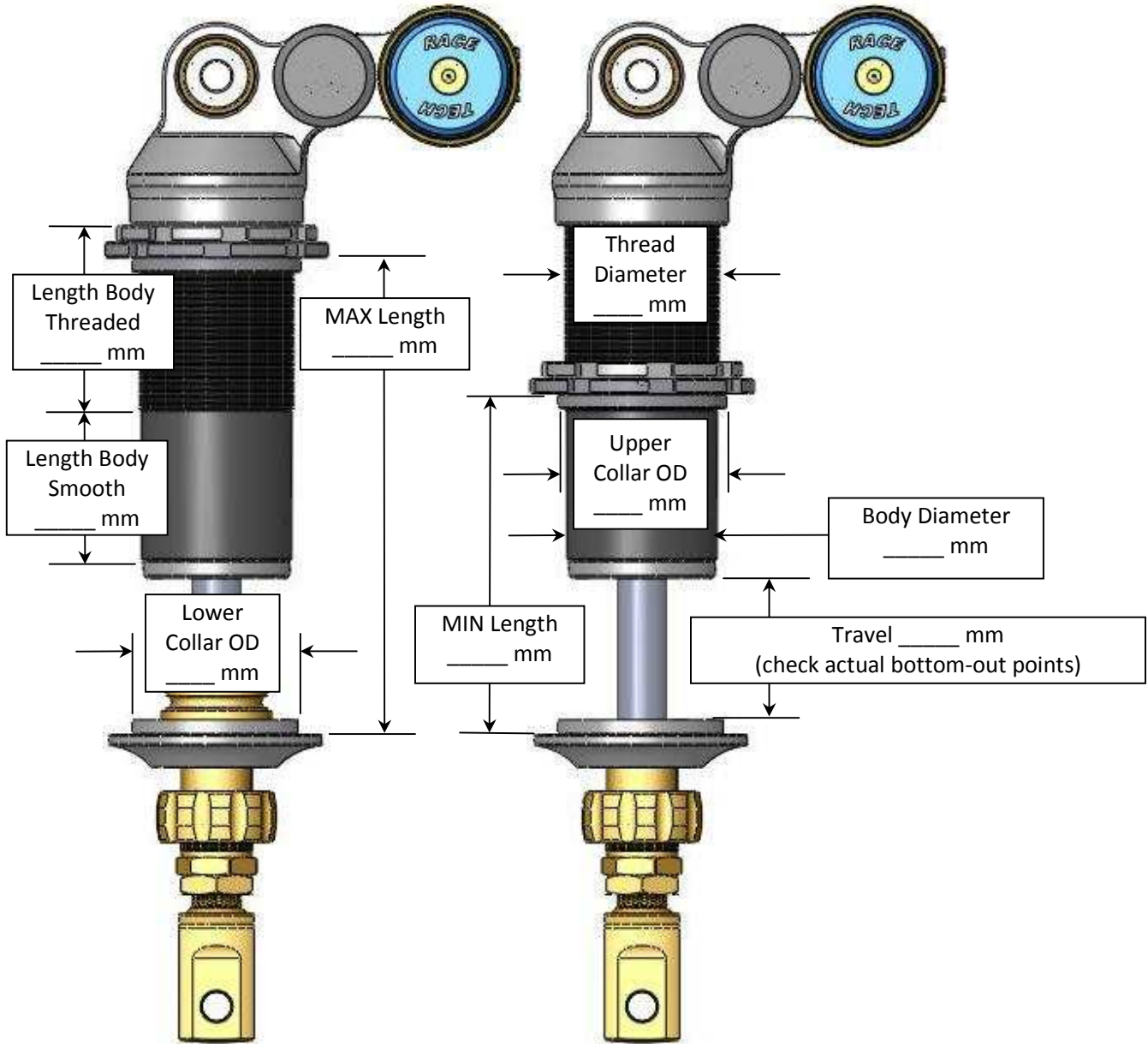


SHOCK SPRING FIT DATA SHEET

<skspringfit.doc> pt 1-26-11



NAME _____ PHONE _____

EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAKE _____ YR _____ MODEL _____

RIDER WEIGHT _____ LBS or KG ::: BIKE WEIGHT _____ ::: SPRING RATE REQUESTED _____

NOTE: IF BIKE IS DUAL SHOCK PLEASE INCLUDE SWINGARM GEOMETRY FORM