



DROP OFF FORM

Name: _____

Phone: _____

Invoice # (if known): _____

Rims: _____

Hub Model: _____

Spoke Type: _____

Nipple Colour/Type: _____

WORK TO BE DONE

- | | |
|---|---|
| <input type="checkbox"/> Wheel Rebuild (warranty) | <input type="checkbox"/> Wheel Rebuild (non-warranty) |
| <input type="checkbox"/> Hub Service | <input type="checkbox"/> True/Tension |
| <input type="checkbox"/> Broken Spoke Replacement | <input type="checkbox"/> Decal Replacement |
| <input type="checkbox"/> Other _____ | |

Notes: _____

