



Lynk's Racing
"Your Link to the Winners Circle"™

Rider / Bike Information

Date: _____

Name of Rider: _____

Racing Number: _____

Bike Year: _____

Bike Make: _____

Bike Model: _____

Type of Riding: _____

Ability/Class: _____

Hours on Motor: _____

Terrain: _____

Other Information: _____

Motor Service

Item Sent In: Complete Motor Head Cylinder Carburetor

Engine Modification: AMA Stock Pkg. Mod Package Rebuild Diagnose

Power looking for: Bottom End Midrange Top End

Description of Work: _____

Items Sent with Motor

Billing Information

Name on Credit Card: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Payment Method: American Express Discover Master Card Visa

Credit Card Number: _____ Exp Date: _____ 3-Digit Code: _____

Billing Address

Address: _____

City: _____ State/Prefecture: _____

Zip/Postal Code: _____

Shipping Information

Ship To: _____

Address: _____

City: _____ State/Prefecture: _____

Zip/Postal Code: _____ Email: _____

Shipping: Next Day Air 2-Day Air 3-Day Air Ground

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