



EXPRESS Bike Check-In

Name:
Address:
Phone:
Email:
Make/Model/Colour of Bike:
Preferred method of contact: Phone [] Text [] Email []

Please provide a brief description of any issues, problems or requested service to be performed on the bike:

*Please ensure that all fields are completed in-full with correct information and attach to bicycle at time of drop-off. Customers will be contacted within 24 hours with a full estimate for the work to be performed on the bike. No work will be completed until verbal or written confirmation is received from the customer.

Signed: _____

Date: _____