



★ PLEASE CALL ME OR EMAIL ME
 PRIOR TO SHIPPING YOUR PARTS!!!!
 After that, ship this form with
 your bike or parts. ★

Work Order
 BMX Museum / OSBMX screen name:

please print clearly _____

Color desired: _____

Frame manufacturer: _____

Frame model: _____

Year (if known): _____

Serial # (if legible): _____

Current finish condition: _____

Areas that require special
attention or repair: _____

Additional information or
special instructions: _____

Fork information (if non matching): _____

additional parts / colors: _____

Name: _____

Address: _____

Phone #, and best time available: _____

e-mail address: _____

Ship all Bicycles & parts to:
Chip Bowers,
10 Yale Road, Wilmington, DE 19808

cell # (302-562-4669)
c4labspc@aol.com

