

Cliff's Cycle Revolution Service Authorization

Please complete and sign and leave with your motorcycle.

****Please remove any luggage or tank bags from **motorcycle prior to service.** ****

465 Federal Road, Brookfield CT 06804 Phone 203-740-1270

Name:

Address:

Telephone:

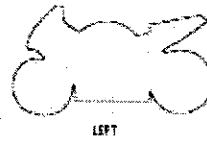
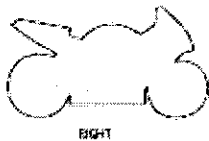
I hereby authorize Cliff's Cycle Revolution to pick up the following motorcycle for service work.

Year: _____ Make _____ Model _____ RO# _____

I authorize Cliff's Cycle Revolution to undertake repair work including the necessary materials. discussed via phone or email, and bill customer via credit card by phone after customer approval. Signature at pickup may be in lieu of Repair Order Signature should an original RO signature not be convenient at that time. Cliff's Cycle Revolution may operate the motorcycle for testing and inspection at my own risk.

Driver Name- _____ X _____

Please note any scratches or damage on the below diagrams:



Signature: _____

Date: _____

Customer