

K-2 Lever Order Form

Enquiry Date _____ U.S. Funds Check Received _____

Customer Information:

Name _____

Address _____

City _____ State _____ ZIP _____

Contact _____ Tel _____

Mobile _____ Email _____

Nature of Disability _____

Dealer Information:

Name _____

Address _____

City _____ State _____ ZIP _____

Contact _____ Tel _____

Mobile _____ Email _____

Machine Information:

Make _____ Model _____ Year _____

K-Lever Configuration:

(circle as required) R/H or L/H Bar Size 1" or 7/8" Twin Brake or Clutch & Brake

Twin Hydraulic or Cable & Hydraulic or Twin Cable - If cable then pivot length 25mm or 35mm

ABS Brakes? Yes _____ or No _____

Original Front Bore _____ Nearest Equivalent 14.0mm or 17.5mm

Original Rear Bore _____ Nearest Equivalent 14.0mm or 17.5mm

Lever Configuration Long & Short or Both Long or Other - (please specify)

Scan order form & email to:

Disabledmotorcyclers@msn.com

Send check to:

**Disabled Motorcycle Riders c/o
Gail Dean
341 Montgomery Court
Kissimmee, Fla. 34758**