

Name: _____

Customer No.: _____

Address: _____

Contact: _____

City/Prov.: _____ Postal Code _____

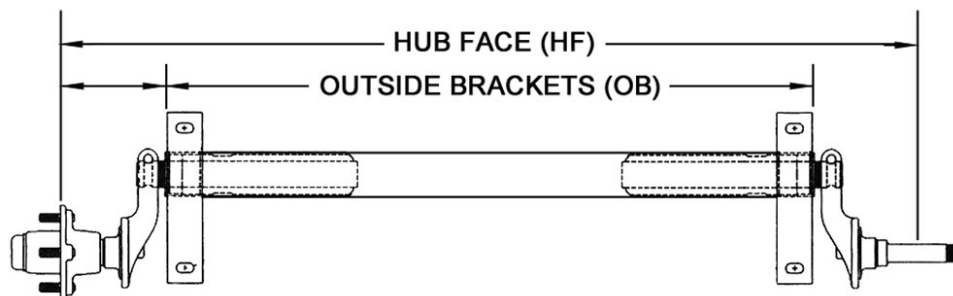
P.O. No.: _____

Phone: (____) ____-_____

Pick-up: _____ Ship _____

Fax: (____) ____-_____

Complete Order Form for Speedy Service - Fill in Customer Information and Photocopy for Additional Orders.



FULL BEAM AXLE

1. Axle Capacity

No. of AXLES	Cap / AXLE	No. of STUDS	EX-LUBE SPINDLES
_____	2000	4 on 4	STND
_____	2000	5 on 4.5	STND
_____	3500	5 on 4.5	STND
_____	5200	6 on 5.5	STND
_____	7000	8 on 6.5	STND
Half Axles			
_____	3500 ½	5 on 4.5	STND
_____	5200 ½	6 on 5.5	STND
_____	7000 ½	8 on 6.5	STND

2. Hub & Brake Options

- Profile: Standard High Profile
- HUB { NO HUBS (beam Only)
 IDLER HUBS
- BRAKE { ELECTRIC
 HYDRAULIC
- Replacement Or New Install { REPLACING EXISTING AXLE
 REPLACING DEXTER AXLE
 NEW INSTALLATION

Frame Bracket: Yes No

Wheel Nuts: Yes No

Camber: Yes No

Bracket Orientation: Standard Reverse

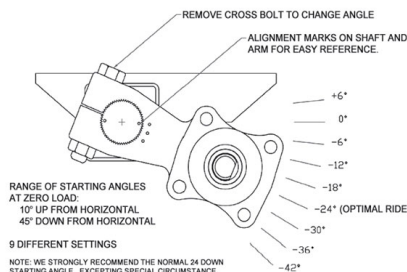
Shipping required: Yes No

3. Mounting Measurements

OB: _____ Outside Brackets
 HF: _____ Hub Face

Comments:

4. Starting Angles



- 6 UP
- 0 LEVEL
- 6 DOWN
- 12 DOWN
- 18 DOWN
- 24 DOWN
- 30 DOWN