



TORSION STYLE AXLE ORDER FORM

Order

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Quote

CUSTOMER NAME:		
SHIP TO NAME:	PHONE #:	CONTACT:
ADDRESS:	FAX #:	DATE:
CITY / PROVINCE:	EMAIL:	
POSTAL CODE:	PURCHASE ORDER #:	SHIP VIA:

CUSTOM BUILT AXLES ARE NON-RETURNABLE

NUMBER OF AXLES REQUIRED:	(IF REPLACEMENT) AXLE BRAND:							
CAPACITY PER AXLE:	(IF REPLACEMENT) AXLE SERIAL #:							
BRAKES: ELECTRIC <input type="checkbox"/> DISC <input type="checkbox"/>	HUB DRUMS: YES <input type="checkbox"/> NO <input type="checkbox"/>		HYDRAULIC <input type="checkbox"/> NONE <input type="checkbox"/>		IDLER HUBS: YES <input type="checkbox"/> NO <input type="checkbox"/>			
BOLT PATTERN:	4 ON 4" <input type="checkbox"/>	5 ON 4.5" <input type="checkbox"/>	5 ON 4.75" <input type="checkbox"/>	5 ON 5" <input type="checkbox"/>	5 ON 5.5" <input type="checkbox"/>	6 ON 5.5" <input type="checkbox"/>	8 ON 6.5" <input type="checkbox"/>	8 ON 275MM <input type="checkbox"/>
WHERE USED:	2,000 LB	STANDARD 2,000 LB 3,500 LB	3,500 LB	3,500 LB	3,500 LB	3,500 LB 5,200 LB 6,000 LB	7,000 LB 8,000 LB 10,000 LB 12,000 LB	15,000 LB

A <input type="text"/>	B <input type="text"/>	C <input type="text"/>
HUB FACE IF USING SINGLE WHEELS (ILLUSTRATION 1 & 3)	TRACK IF USING DUAL WHEELS (ILLUSTRATION 2)	BRAKE FLANGE FACE FROM AXLE BEING REPLACED (ILLUSTRATION 3)
OUTSIDE AXLE BRACKET MEASUREMENT (D)	INSIDE AXLE BRACKET MEASUREMENT (E)	
<input type="text"/>	<input type="text"/>	

BRACKET ORIENTATION:	STANDARD <input type="checkbox"/>	REVERSE <input type="checkbox"/>
BRACKET PROFILE:	LOW <input type="checkbox"/>	HIGH <input type="checkbox"/>
BRACKET MOUNT:	TOP MOUNT <input type="checkbox"/>	SIDE MOUNT <input type="checkbox"/>
CHOOSE SPINDLE ARM ANGLE FROM ILLUSTRATION 6 OR 7		

