PART # HIGHLINER TRAILER AXLE ORDER FORM

Date_____

Phone: 604-946-6177 Fax: 604-946-5065 - Hub Face To Hub Face Spring Pad -\--- Spring Centers ---QUANTITY _____ 1, What capacity , 2200# ____ 2500#____ 3500# ____ 6000# Do you wants brakes YES_____NO____ _____ 2, Free-Backing_____ Uni-Servo____ SS Disc____Electric____ Do you want HUBS Yes___ NO____ 3, 4 BOLT 5 BOLT 6 BOLT 8 BOLT Do you know the wheel rim size, 8", 12", 13", 14", 15" 4. HUB FACE TO HUB FACE measurement SPRING OVER OR UNDER AXLE (OVER UNDER) 5. "SPRING PERCH CENTRES" ON AXLE measurement 6. 7. BRAKE FLANGE TO BRAKE FLANGE (OUTSIDE) 8, AXLE CONFIGURATION, (STRAIGHT _____),(2" DROP_____), (4" DROP_____) AXLE TUBE ROUND _____ SQUARE ____ DO YOU WANT GALVANIZED _____ OR BARE_____ (note: add up to 3 weeks for galvanizing) 10, DO YOU WANT A U-BOLT KIT (u-bolt , tie-plates ,fasteners),YES____NO____ 11, DO YOU WANT SPINDLE NUTS YES NO QUANTITY SIZE ____ 12, DO YOU WANT WHEEL NUTS YES_____ NO____ QUANTITY ____ SIZE ____ 13, DO YOU WANT SPINDLE WASHERS YES _____NO___ SIZE ____ QUANTITY _____ _____ 14, ANYTHING ELSE, SPRINGS, EYE-BOLTS? DEALER NAME _____ _____ FAX PHONE CONTACT PERSON P.O. NUMBER

NOTE: \$25.00 CHARGE ON NON-STOCKING SIZES OR STANDARD SHOP RATE

SIGNATURE FOR APPROVAL