

CUSTOMER ORDER FORM

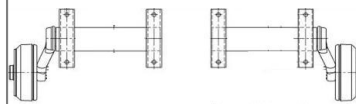
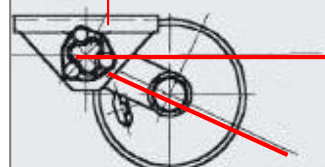
FOR REPLACEMENT RUBBER SUSPENSION AXLE

Customer Details:
 NAME/ADDRESS.....

 PHONE/EMAIL.....
 NAME
 ORDER No.
Trailer Details:
 TRAILER / CARAVAN MANUFACTURER.....
 MODEL
 MODEL YEAR or REGISTRATION.....
 GROSS TRAILER WEIGHT.....
 FURTHER INFORMATION

Axle Type Plate:
 MANUFACTURER
 TYPE
 LOAD/CAPACITY
 AXLE No
 DATE

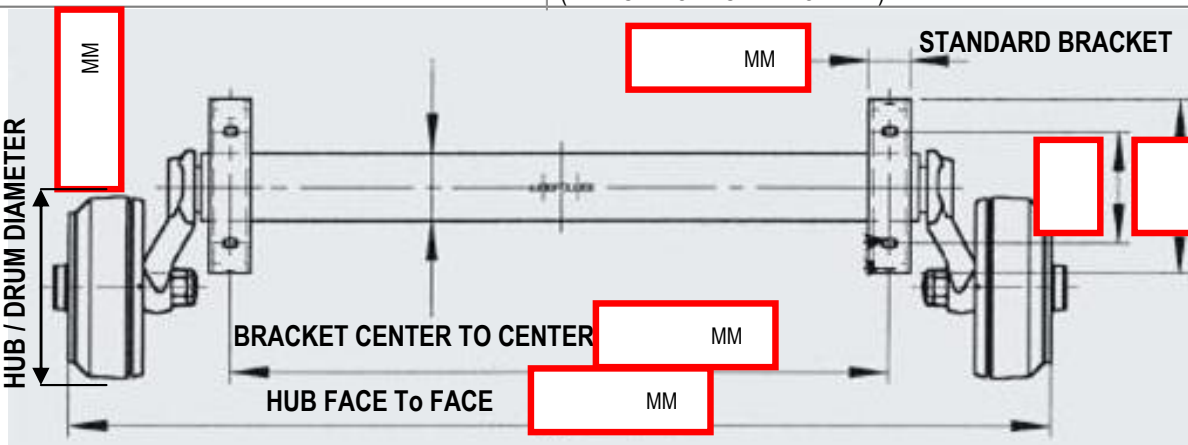
- ☐
- BRAKED AXLE
-
- ☐
- UNBRAKED
-
-
- ☐
- FRONT AXLE
-
- ☐
- REAR AXLE

☐ HALF AXLES VERSION☐ STANDARD BRACKET

STANDARD SWINGARM POSITION

(PLEASE TICK AS APPROPRIATE)

OTHER AXLE BRACKET ONLY IF APPROPRIATE:

☐ Integrated Bracket:☐ Other Bracket:

HUB / DRUM CONFIGURATION: (PLEASE TICK AS APPROPRIATE)

BOLT CIRCLE DIAMETER

- ☐
- 4 STUD
-
- ☐
- 5 STUD
-
- ☐
- 6 STUD
-
-
- ☐
- WHEEL STUDS+NUTS
-
- ☐
- WHEEL BOLTS

(DRAW SKETCH)

Date Customer Signature.....

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