

BEAM AXLE ORDER SHEET

IN249

Part No: _____ Sales Order No: _____

Customer Name: _____

Customer Order Number: _____ Contact Person: _____

Contact Phone Number 1: _____ Contact Phone Number 2: _____

Email Address: _____ Date Required: ____ / ____ / ____

Quantity: _____ Capacity: _____ Galvanised: ☐ or Bare Metal: ☐

Measurement A (min 220mm): _____

Straight: ☐ or Gullwing: ☐ or Drop Beam: ☐

Measurement B (Required Drop – Drop Beam only): 60mm ☐ or 95mm ☐

Measurement C (Hub Face): _____

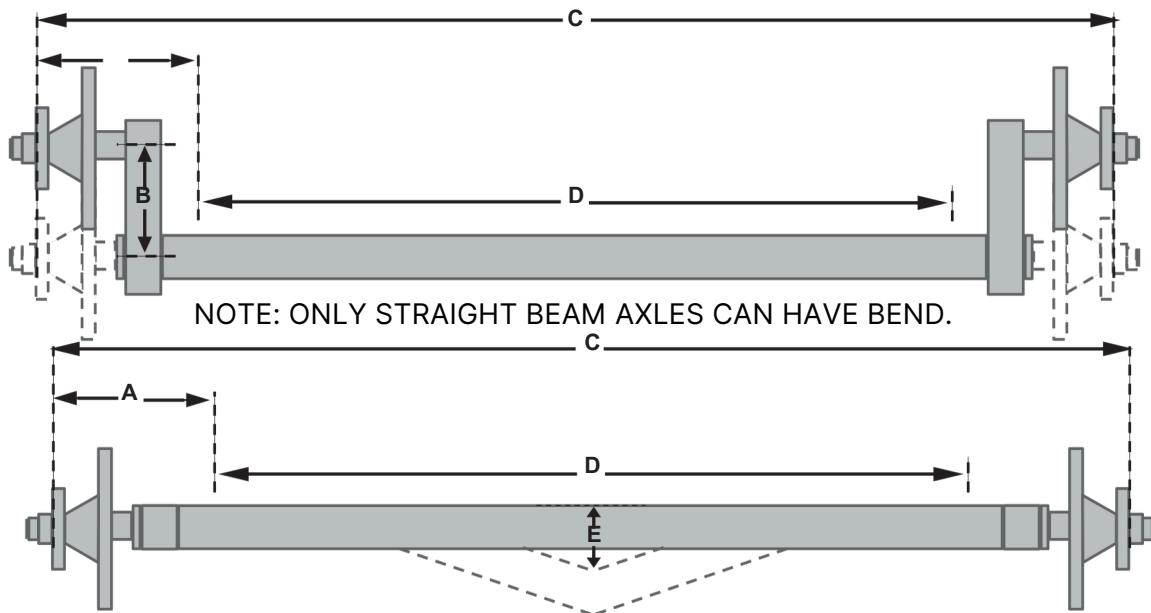
Measurement D (Spring Centres): _____

Spring Mount Top: ☐ or Bottom: ☐

Measurement E (Bend Required. Std 100mm – Gullwing Only): _____

Non Braked: ☐ or Braked: ☐

Hyd Disc: ☐ or Hyd Drum: ☐ or Mech Disc: ☐ or Elec Drum: ☐



Please Email forms through to – ordersauckland@trailcom.co.nz or orderschch@trailcom.co.nz

Customer Signature: _____

Date: ____ / ____ / ____