



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): _____

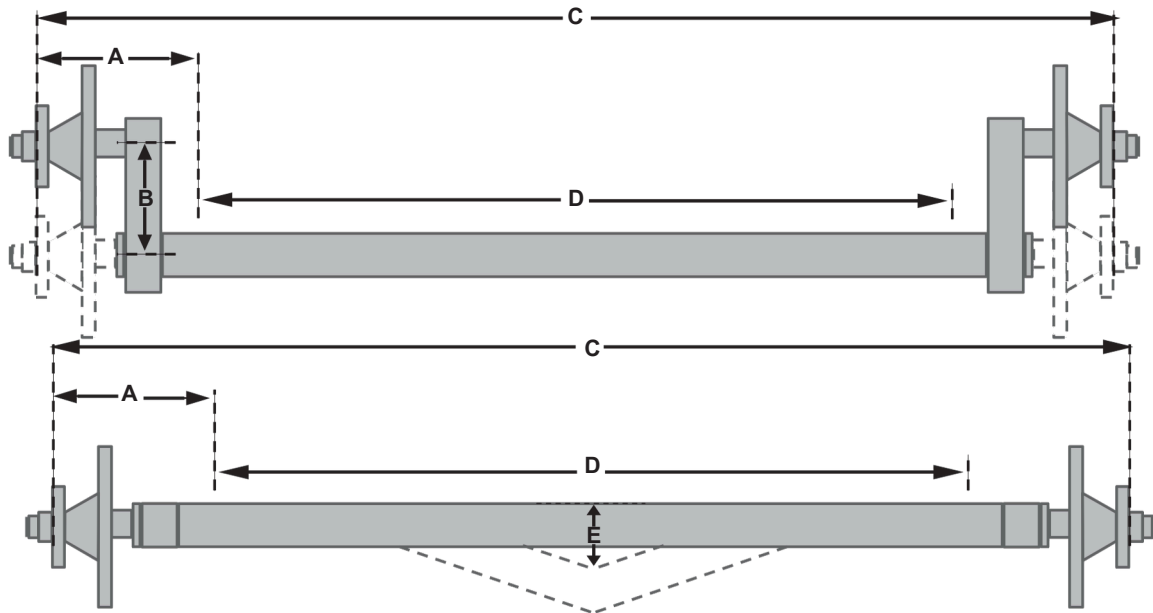
Measurement D (Spring Centres): _____

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: ___ / ___ / ___