



DURATORQUE AXLE ORDER SHEET

IN250

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): _____

Measurement B (Hub Face): _____

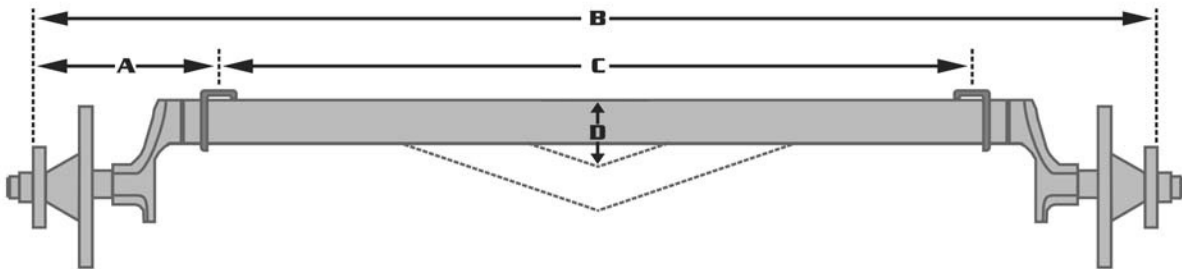
Measurement C (Bracket Centres): _____

Leading: **or Trailing:** **Straight:** **or Gullwing:**

Measurement D (Bend Required. Std 100mm - Gullwing Only): _____

Non Braked: **or Braked:**

Hyd Disc: **or Hyd Drum:** **or Mech Disc:** **or Elec Drum:**



Please fax forms through to - 0800 4 TROJAN (4-876-526)

Customer Signature: _____

Date: __/__/__