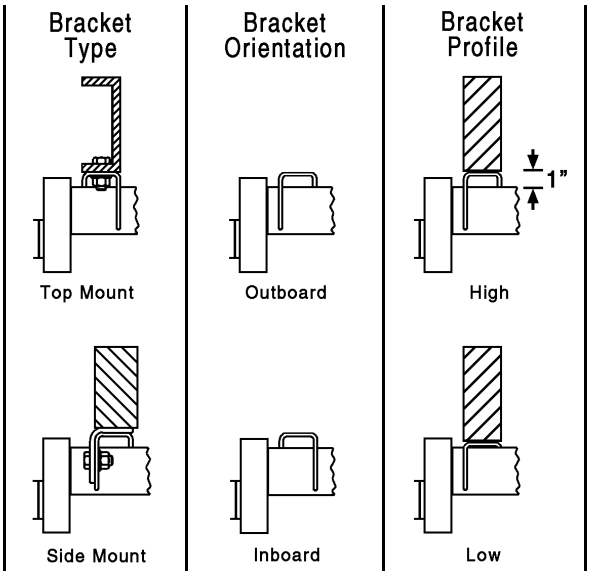
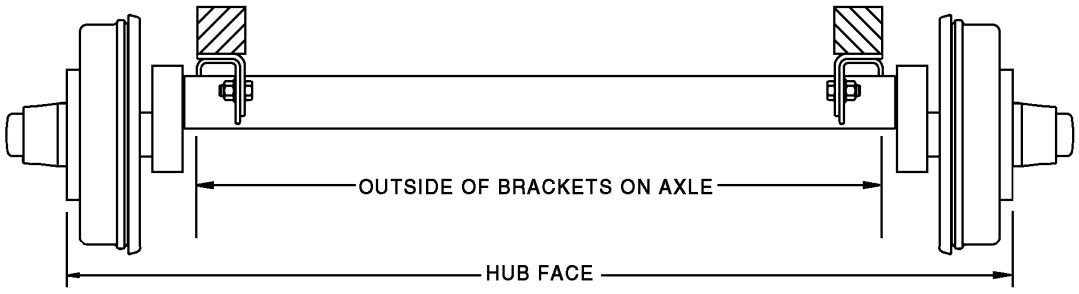
TORFLEX AXLE Order Form

Date: _____

1. Torflex Series: (circle one) **#8** (.6k-1.1k), **#9** (1k-2.2k), **#10** (2.3k-3.5k), **#11** (4k-6k), **#12** (5.5k-7k), **#13** (8k)
2. Rubber Content (weight capacity you desire): _____
3. Brake or Idler: (circle one) 4. Beam only or Complete: (circle one) 5. Flanges: Yes ___ No ___
6. Type of Brake: (circle one) Electric / Hydraulic / Disc / Freebacking / None
7. Brake Size: _____
8. Hub Face Measurement: (must have) _____
9. Outside Bracket Measurement: _____
10. Spindle Type: (circle one) Grease / Oil / EZ Lube
10. Bolt Pattern: (hub/hub & drum) _____
11. Stud Size: (circle one) 1/2" - 9/16" - 5/8"
12. Length of Trailing Arm: (usually 6") _____
13. Bracket Orientation: (circle one) Inboard / Outboard
14. Bracket Profile: (circle one) Low / High
15. Wheel Nuts: (circle one) Cone / Flanged
16. Side Mount Brackets Needed: Yes ___ No ___
17. Starting Angle: _____





These axles are special order, shipped direct to customer from the manufacturer with the customer's specifications thus making them non-returnable.

Company Name: _____ Contact Name: _____

Phone No.: _____ Fax No.: _____

Axle will not be ordered until all information above is provided and form signed below.

Signature: _____ *Date:* _____

9/08-O

Croft Trailer Supply Distribution Center

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