

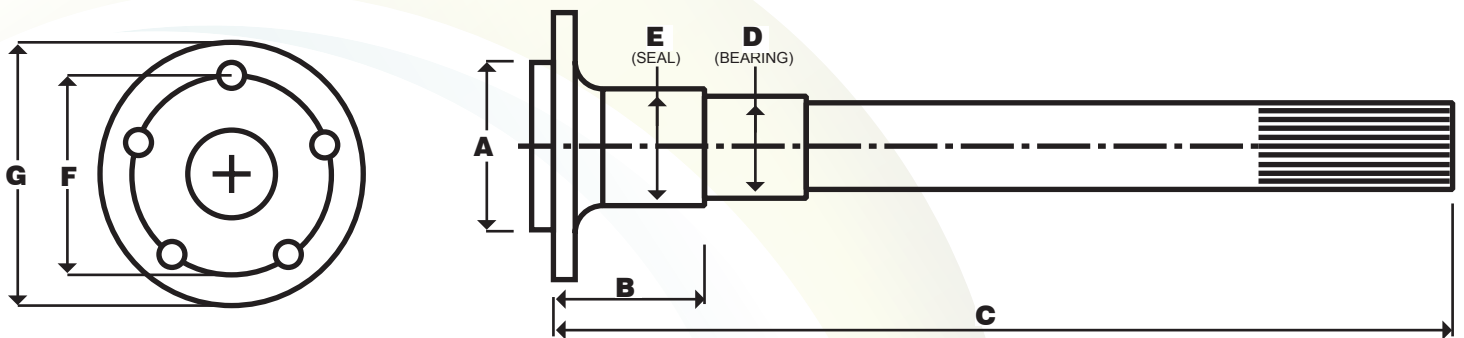
CUSTOM AXLE MEASUREMENT FORM

Name _____ Phone _____

Address _____ Email _____

Vehicle Make _____ Model _____

Comments _____



BRAKE TYPE: _____

A: _____

BEARING END TYPE: _____

B: _____

MAKE OF DIFF: _____

C: _____

SPLINE COUNT: _____

D: _____

STUD SIZE/TYPE: _____

E: _____

RIGHT HAND SIDE DIMENSION "C": _____

F: _____

LEFT HAND SIDE DIMENSION "C": _____

G: _____