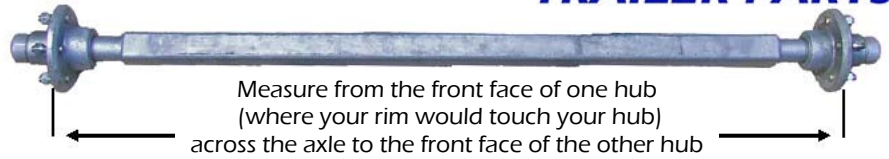
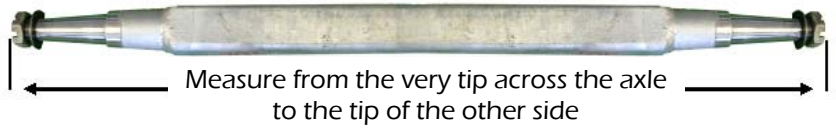


Hub Face Measurement _____

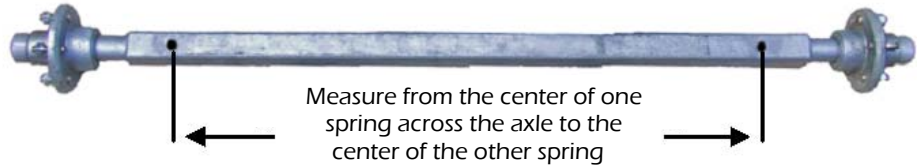


Over all Measurement _____

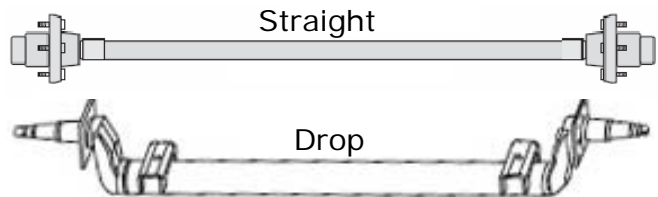


Spring Seat Measurement _____

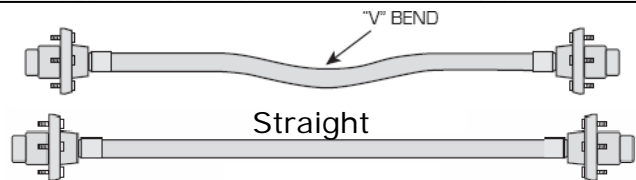
BE VERY PRECISE



Straight or Drop _____



Straight or V Bend _____



Flange or No Flange _____

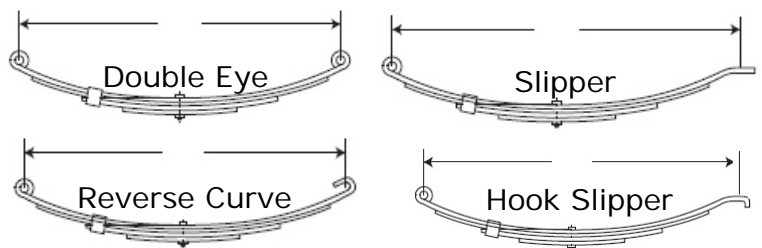


Type of Spring _____

Length of Spring _____

Number of Leaves in the Spring _____

Does the Axle Mount Above or Below the Springs _____



Number of Lugs on Hub 4, 5, 6, 8 _____

Frame Width _____

Tire Size _____

Axle Capacity _____

All Measurements need to be EXACT. If you are not sure of a measurement, re-measure or bring the axle to us. If the Measurements are not correct your axle will NOT fit your trailer.

Name _____

Phone Number _____

Date Promised _____