

BRETT EQUIPMENT CORP.
(708) 385-2030 FAX: (708) 385-2515
ORDER FORM FOR TORFLEX AXLES

Torflex # _____ Tubing O.D. = _____ ”

Hub Face = _____ ” Flange O.D = _____ ”

Rubber content = _____ Arm I.D. = _____ ”

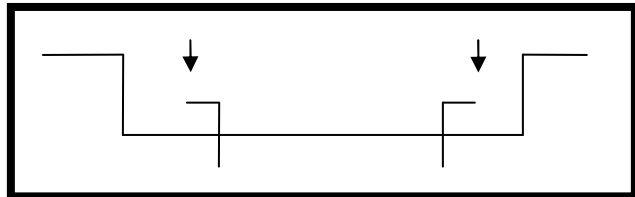
Top mount **OR** Side mount

O.D. = _____ ” outside bracket

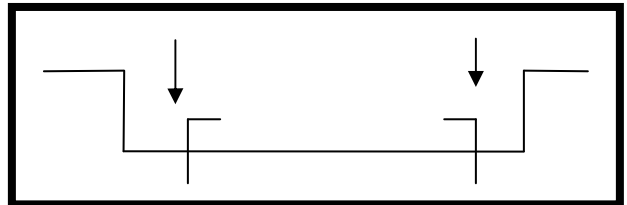
Side mount only: Inside **OR** Outside mount

I.D. = _____ ” **OR** O.D. = _____ ”

Bracket Orientation: Standard (inboard) **OR** Reverse (outboard)



STANDARD (inboard) Brackets point out



REVERSE (outboard) Brackets point in

Low profile **OR** High profile mount brackets.

Idler **OR** Brake axle (Electric **OR** Hydraulic) Brake size: _____

E-Z Lube Yes/No

Bolt pattern on hub: _____ Stud size: _____

Articulation: _____

Tire size: _____

Approved by: _____ Date: _____ Deposit Amount: \$ _____