

Dealer Name: _____ Phone: _____ Fax: _____

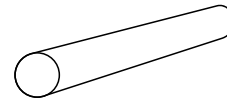
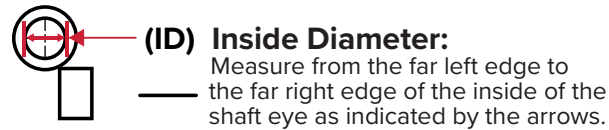
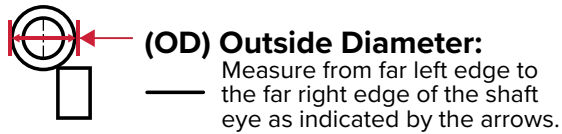
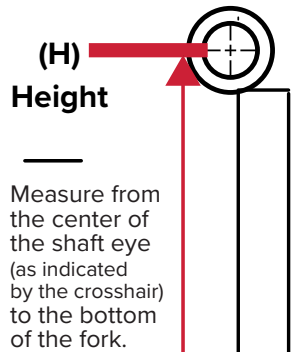
Contact Name: _____ Email: _____

**All measurements should be provided in inches.*

Machine Model
Machine Capacity

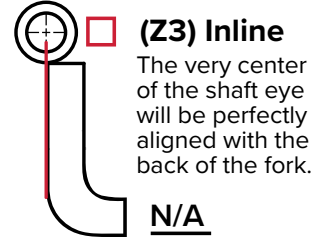
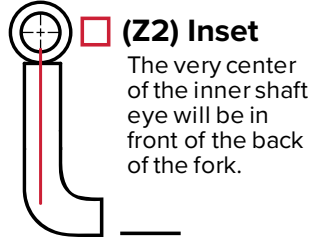
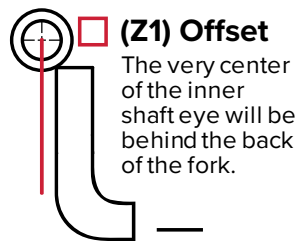
Date
Sales Rep
Price
Estimated Lead time

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Shaft Bar Diameter _____

Shaft Eye Placement (Measure and choose one)
 Measure from the center of the inside diameter to determine your shaft eye placement.



Shape (Choose one)

<input type="checkbox"/> Squared	<input type="checkbox"/> Standard
<input type="checkbox"/> Block (Block Forks Only)	<input type="checkbox"/> Rounded (custom)

(L) Length _____

(T) Thickness _____

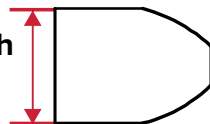
Tip (Choose one)

<input type="checkbox"/> Standard 1/2"
<input type="checkbox"/> FTP Tip 1/8"
<input type="checkbox"/> Chisel Tip 1/16"

Finish (Choose one)

<input type="checkbox"/> Standard	<input type="checkbox"/> Polished
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(W) Width _____



Taper (Choose one)

<input type="checkbox"/> Standard	<input type="checkbox"/> Full Taper	<input type="checkbox"/> Blunt/No Taper
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Title	Shaft Mount Forks	
DWG.No.		
Drawn By	Date	
REV	Sheet	