

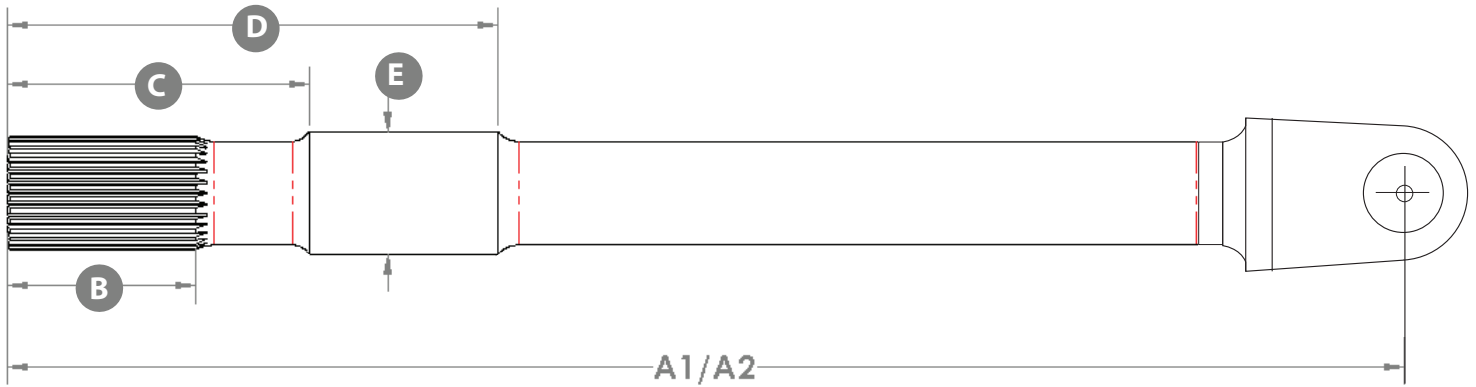


# FRONT INNER AXLE ORDER FORM

ORDER # \_\_\_\_\_

**NOTE:**

- MEASUREMENT A (CENTER OF U-JOINT CAP TO END OF AXLE)
- SPLINE COUNT (30,31,OR 35 SPLINE)



**INNER AXLE**

<p>_____ (OVERALL DRIVER SIDE AXLE LENGTH) <b>A1</b></p> <p>_____ (OVERALL PASSENGER SIDE AXLE LENGTH) <b>A2</b></p> <p>_____ (SPLINE LENGTH) <b>B</b></p> <p>_____ (END OF THE SHAFT TO START OF THE SEAL SURFACE) <b>C</b></p> <p>_____ (END OF THE SHAFT TO END OF THE SEAL SURFACE) <b>D</b></p> <p>_____ (SEAL SURFACE DIAMETER) <b>E</b></p>	<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; padding: 5px;"><b>U-JOINT</b></th> <th style="text-align: left; padding: 5px;"><b>SPLINE</b></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">760 <input type="checkbox"/></td> <td style="padding: 5px;">30 <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">1350 <input type="checkbox"/></td> <td style="padding: 5px;">31 <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">1480 <input type="checkbox"/></td> <td style="padding: 5px;">35 <input type="checkbox"/></td> </tr> </tbody> </table>	<b>U-JOINT</b>	<b>SPLINE</b>	760 <input type="checkbox"/>	30 <input type="checkbox"/>	1350 <input type="checkbox"/>	31 <input type="checkbox"/>	1480 <input type="checkbox"/>	35 <input type="checkbox"/>
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## FORM AGREEMENT

*An authorized signature below indicates the approval of this agreement and the terms and conditions outlined.*

PRINT \_\_\_\_\_  
PRINT HERE

SIGN \_\_\_\_\_  
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DATE \_\_\_\_\_  
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PHONE# \_\_\_\_\_  
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EMAIL \_\_\_\_\_  
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