

QUESTIONNAIRE

Sender: _____

Please send me a quotation for the following specification:

Tag axle model

Model number (if known) AR 313 – _____

Axle load _____

Tyre equipment _____

Rim size _____

Axle type: Fixed
 With lift

Single

Twin

Wheel fixing _____

Offset _____

Self Steer

Without lift

Track options (over hub face) Single tyre 1820 2040 _____
 Twin tyres 1790 1830 _____

Please tick boxes

I/We would also like to have installation information for the following vehicle:

Vehicle Make:

Vehicle model _____

Drive axle load _____

A: _____ B: _____ C: _____ R: _____ M: _____

For leaf spring vehicles:

H 1: laden _____ unladen _____

H 2: laden _____ unladen _____

For air suspended vehicles:

	laden	unladen		
H 1: running height	_____	_____	lowered _____	raised _____

H 2: running height	_____	_____	lowered _____	raised _____
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