

PIN QUOTE FORM

DATE:

RETURN VIA FAX OR EMAIL: (916) 383-3249 sales@cuttingedgesupply.com

| YOUR NAME: | MAKE & MODEL: |
|--|--|
| YOUR COMPANY: | OEM PART NUMBER: |
| PHONE NUMBER: | PIN USED ON:(Hitch, Boom, Bucket, etc.) |
| EMAIL ADDRESS: | |
| Please fill in boxes as needed with a check man | k and enter the measurement where required. |
| Length? Measure Usable Length (Inside of Foot to End of pin) Diameter? inch Estimate / Tape Measure Accurate / Calipers | Foot / Flag Plate? What is the What is the Thickness? Inch inch inch If foot is not a circle sketch foot & attach. Cross Hole (Measure Edge of Pin to Center of hole) |
| If Grease Feed Pin Select Port Type: Grease Zerk 1 port Grease Zerk 2 port | Length Hole to End inch Cross holes on both ends? |

Additional Machining (Check all that apply)

