



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

YOUR NAME: _____

MAKE & MODEL: _____

YOUR COMPANY: _____

OEM PART NUMBER: _____

PHONE NUMBER: _____

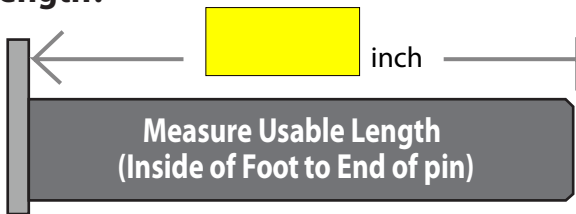
PIN USED ON: _____

(Hitch, Boom, Bucket, etc.)

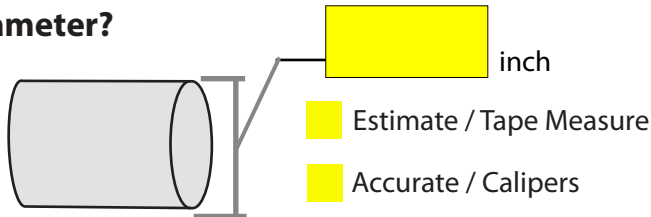
EMAIL ADDRESS: _____

Please fill in boxes as needed with a check mark and enter the measurement where required.

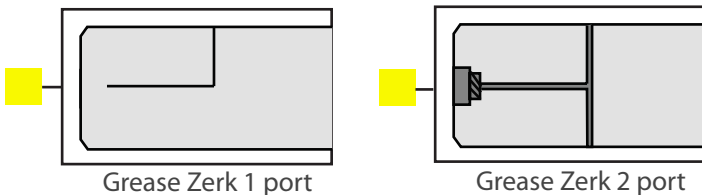
Length?



Diameter?

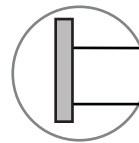


If Grease Feed Pin Select Port Type:



CORE AVAILABLE: NO YES

Foot / Flag Plate?



What is the Thickness?

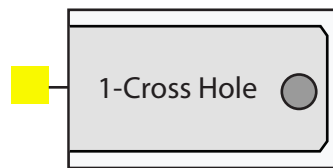


What is the Diameter?

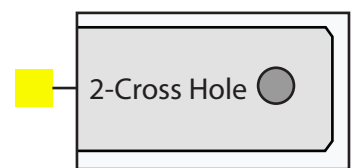


If foot is not a circle sketch foot & attach.

Cross Hole (Measure Edge of Pin to Center of hole)



Length Hole to End inch

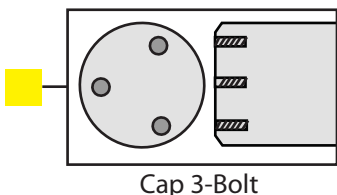


Length 2nd Hole to End inch

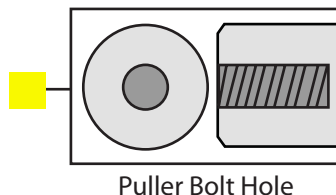
OR

Cross holes on both ends?

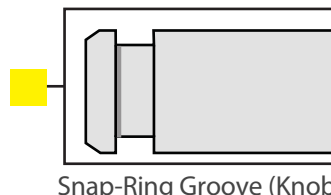
Additional Machining (Check all that apply)



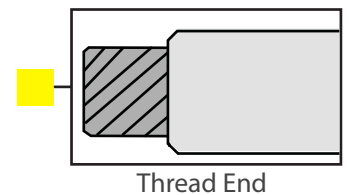
Cap 3-Bolt



Puller Bolt Hole



Snap-Ring Groove (Knob)



Thread End