



3336 South 66<sup>th</sup> Avenue Circle  
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## Repair Order Form

ASI-3A  
Rev 4

**PRINT THIS FORM AND INCLUDE IT IN THE SHIPMENT WITH YOUR ASSEMBLY**

- Overhaul
- Tire Mount Only
- Inspection Only
- Other

Contact Info

Billing		Shipping <input type="checkbox"/> (same as billing)	
Company Name:		Company Name:	
Contact Name:		Contact Name:	
Address:		Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
Country:		Country:	
Phone:	Fax:	Email:	
Send quotes to:			

Order Info     Brake     Wheel

PO #:	S/N:
Need By:	S/N:
Assembly:	S/N:
Color:	S/N:
Ship Via: <input type="checkbox"/> FedEx	<input type="checkbox"/> Pre-Pay and bill freight
<input type="checkbox"/> UPS	<input type="checkbox"/> Use my freight account
<input type="checkbox"/> Other	
Shipping Instructions: <input type="checkbox"/> Overnight <input type="checkbox"/> Two Day <input type="checkbox"/> Ground <input type="checkbox"/> Other (Please be as specific as possible)	
Notes:	

**“IF THE ASSEMBLY IS A WHEEL, PLEASE COMPLETE THE FOLLOWING SECTION”**

Do you want a tire installed?	<input type="checkbox"/> Yes    Tire Part Number:	<input type="checkbox"/> No
Do you want us to install new bearing cups?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want us to supply new bearings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want us to supply new seals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want us to pack your bearings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be supplying any of the parts?	<input type="checkbox"/> Yes    (Please List Below)	<input type="checkbox"/> No

Parts Supplying: