ECM ORDER FORM

VIN #:

Part #:

ESN:

Rear Axle Ratio:

Tire Size:

Maximum Speed:

Cruise Speed:

Horsepower:

On-Highway Application: ◯ YES ◯ NO

AC Pressure Switch: ◯ YES ◯ NO

Jake Brake: ◯ YES ◯ NO

Trans. Type: ◯ AUTOMATIC ◯ MANUAL

Shipping Information

Last, First Name (Company)

Street Address & Box Number:

City/Town & Province:

Postal Code:

Phone Number:

Email Address:

Preferred Shipping Option: ◯ UPS ◯ Purolator

Preferred Shipping Speed: ◯ Standard ◯ Express

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