

KOSMAN WELDUP FORM P.O.# _____

7706 BELL RD SUITE E WINDSOR, CA 95492 PH 707.837.0127 FAX 707.837.8645

Customer Information:

Name _____

Address _____

City/State _____ Zip _____

Phone _____ Email _____

Shipping Information if different than customer information:

IN ORDER TO PROCESS YOUR WHEEL PLEASE FILL IN THE SPACES BELOW

Select Your Options:

- Use off-center dimensions?
- Grind off weld?
- Is wheel chromed?
- Is wheel to be re-chromed after weldup?
- Are new hubs, sprockets, rotors, axles, wheel spacers, or adapters needed?
- Are you a dealer?

Please call us for pricing before shipping your wheel. Include your old hub, sprocket, disc, bearings, etc. if new ones are needed.

Be sure and fill out form legibly.

Include your phone and email address.

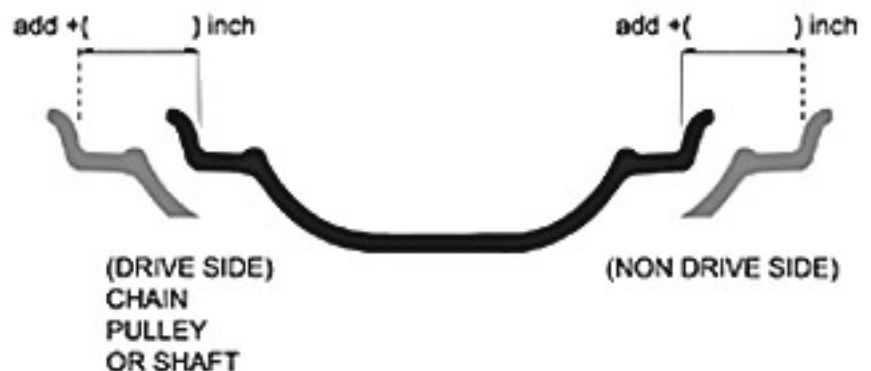
Tire and wheel clearance is owners responsibility. Please carefully check swing arm, brakes, fenders, chain/belt, and any related hardware.

INFORMATION ON WHEEL YOU ARE SENDING

1. WHEEL MANUFACTURER _____
2. MODEL OF WHEEL _____
3. FRONT OR REAR _____
4. ORIGINAL WIDTH _____
5. ORIGINAL DIAMETER _____
6. COLOR OF WHEEL _____

MODIFICATIONS TO YOUR WHEEL

7. SQUARE OR ROUND LIP _____
8. NEW WIDTH _____
9. NEW DIAMETER (if not same) _____



Kosman Order #: