







TRACTORS AUSTRALIA

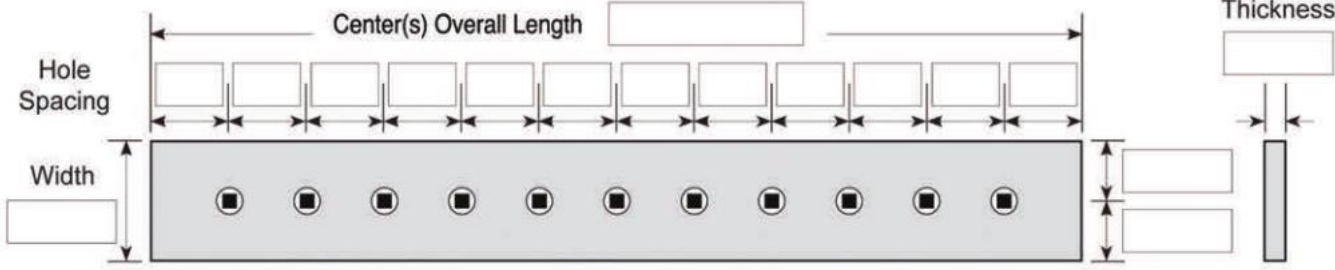
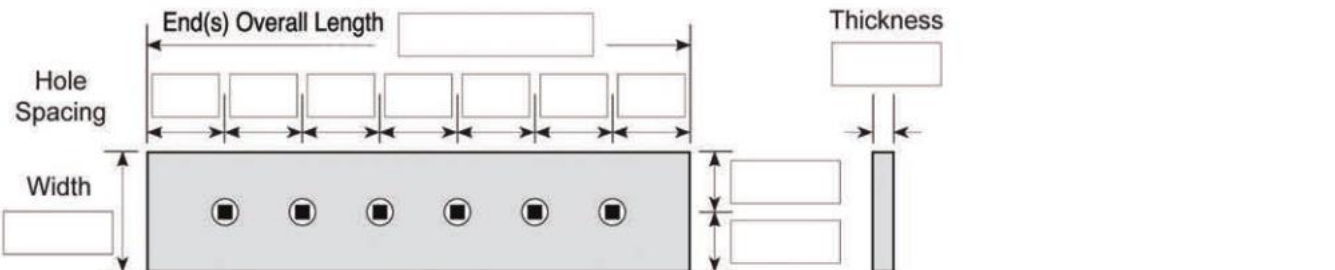
Blade Measurement Form

PART LOCATOR

Company: _____ Date: _____
 Machine Make: _____ Company Contact: _____
 Phone: _____ Model: _____
 E-Mail: _____ Part Numbers (if available): _____

Material	Profile	
<input type="checkbox"/> Heat-Treated	<input type="checkbox"/> Double Bevel 	<input type="checkbox"/> Square Edge 
<input type="checkbox"/> Carbon	<input type="checkbox"/> Single Bevel 	<input type="checkbox"/> Curved 

Hole Type	Bolt Orientation (If Applicable)
<input type="checkbox"/> No Holes	<input type="checkbox"/> Opposite of Bevel 
<input type="checkbox"/> Round 	<input type="checkbox"/> Same as Bevel 
<input type="checkbox"/> Plow Bolt 	
<input type="checkbox"/> Flat Countersink 	
<input type="checkbox"/> Carriage Bolt 	

Blade Dimensions	
	Number of Bolt Holes: _____ Bolt Diameter: _____ Quantity: _____
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Please FAX or email this form to:

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