PLEASE PRINT AND ENCLOSURE COMPLETED FORM WITH SAMPLE CABLE

Name ___________________________ Company ___________________________

Phone ___________________________ Email ___________________________

Cable Type

Brake □ Throttle □ Clutch □ Shifter □ Other ___________
Modify □ Repair □ Duplicate □ Quantity ___________
Requested work ____________________________________________

(Please fill out what applies to your setup)

Brake Type _________________ Brake Desc. _______________________

Drum □ Disc □ Rear End Type ________________________________

Vehicle Make ___________________ Vehicle Model __________________

What lever type are you using? (Please Circle One)

Old Style Floor Upright
Lay Down Ratchet
Foot Brake
Old Style Under Dash Handle

Send cables to:
Control Cables Inc.
9816 Alburtis Ave. Santa Fe Springs CA 90670