

PLEASE PRINT AND ENCLOSE 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. _____

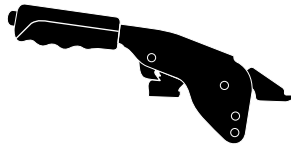
Drum ☐ Disc ☐ Rear End Type _____

Vehicle Make _____ Vehicle Model _____

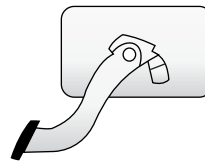
What lever type are you using? (Please Circle One)



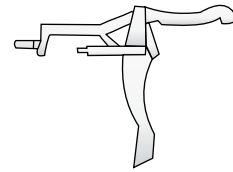
Old Style
Floor Upright



Lay Down
Ratchet



Foot Brake



Old Style
Under Dash
Handle

PARKING BRAKE CABLES

Send cables to:

Control Cables Inc.

9816 Alburtis Ave. Santa Fe Springs CA 90670

