Custom Pistons

Wiseco Custom Piston Order Fax Form

TO: _____ ATTN:_____

FROM: _____ DATE: ____/____/____ TIME:_____ NO. OF PGS. _____

CUSTOMER#: _____ SHIP TO #:_____

CUSTOMER: _____ STREET: _____

STREET:_____ CITY: _____ STATE:___ ZIP:_____

CITY: _____ STATE: ____ ZIP: _____ CONTACT PERSON: _____

ATTN: _____ DAY TIME PHONE NO._____

SHIP VIA: UPS ☐ 2nd DAY AIR ☐ NEXT DAY AIR ☐ OTHER: _____

METHOD OF PAYMENT: VISA ☐ MASTER CARD ☐ DISCOVER ☐ C.O.D. ☐

CREDIT CARD#:_____ EXP. DATE: ____/____/____

NAME ON CARD:_____

CUSTOMER P.O.#: _____ USAGE: OVAL ☐ DRAG ☐ STREET ☐ OTHER ☐

MAKE: _____ SPECIFIC CYLINDER HEAD:_____

CYL. HEAD VOL.: _____ ROD EYE WIDTH: _____ ROD LENGTH: _____

STROKE: _____ 0 DECK HT. AT:_____ DECK CLEARANCE: _____ BLOCK HT: _____
(Piston at top dead center)

COMP. HT.	BORE	LEFT	RIGHT	IND.

WRIST PIN DIA: _____ LENGTH: _____ HONED: YES ☐ NO ☐

FLOAT ☐ PRESS FIT ☐ SHIP WITH WRIST PIN: YES ☐ NO ☐

DOME STYLE: HIGH COMP. ☐ FT ☐ REV./DOME ☐ COMP. RATIO DESIRED:_____

DOME VOL. (+ or -)_____ DOME RISE: (+ or -)_____
(If known) *(If known)*

SHIP RINGS: YES ☐ NO ☐

RING STYLE:

Top: _____

2nd: _____

Oil: _____

A. Comp. Ht.

B. Dome Rise

C. Comp. Ht.

	INT	EXH
VALVE DIA:	_____	_____
POCKET:	_____	_____
POCKET DEPTH:	_____	_____
POCKET ANGLE:	_____	_____

PREVIOUS ORDER REF.#: _____ FAX#: (_____) _____-_____ PHONE#:(_____) _____-_____

COMMENTS:_____

_____

Confirmation of receiving your order will be by fax or phone.