



Job Number or Part Number Order Change Form

Stage 2 - No Engineering FEE

Reference Job# or Sample: _____ Customer Name: _____
 Bore Size: _____ Fax Number: _____
 Piston Size: _____ Effective CC: _____ Rod Width: _____
 Comp. Height: _____ Crown Thickness: _____ Thickness Above Pin: _____
 Dome Height: _____ Pocket Thickness: _____
 Target Weight: _____ Skirt Thickness: _____
 Quantity: _____ HP Rating: _____
 Expedite Order: _____ Land Thicknesses: Top: _____
 2nd: _____
 3rd: _____

Ring Information:

	<i>Actual Ring Thickness</i>	<i>Actual Radial Thickness</i>	<i>Actual Groove Width</i>
Top Ring:	_____	_____	_____
2nd Ring:	_____	_____	_____
Oil Ring:	_____	_____	_____

Valve Pocket Information:

Intake @ 90 Depth: _____ Valve Diameter: _____
 Exhaust @ 90 Depth: _____ Valve Diameter: _____

Wrist Pin Information:

Wrist Pin Diameter: _____ Pin Lock Type: _____
 Wrist Pin Length: _____ Buttons: _____

If As Per Sample Inspection:

Inspect Comp Height: _____ Inspect Dome or Dish CC: _____
 Inspect Pocket Location: _____ Inspect Ring Location: _____

Notes:



Custom Order Release

Please be advised that in placing this order for custom manufactured merchandise you are accepting full responsibility for the correctness and accuracy of all pertinent ordering information. Further, be advised that by filling out and signing this form you are affirming the correctness and accuracy of the information contained herein and authorizing Motor State Distributing to order this custom merchandise. Once this form has been signed, the purchaser assumes full responsibility for paying for the custom merchandise and no refund will be issued unless it can be shown that any errors or defects were the fault of the manufacturer and not caused by erroneous information.

As a rule, custom orders cannot be cancelled once the order is placed with the manufacturer. All custom orders are subject to freight and handling charges from the manufacturer.

No returns will be accepted on custom-built items.

Sales Contact At Motor State _____

Customer Number _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email _____

Print Your Name _____ Date _____

Authorized Signature _____

If you are submitting this form electronically, your digital signature must be added last. Once signed, this form becomes non-editable. Please double check all items first.

Motor State Distributing

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