



"AED" CARBURETOR WORK ORDER

Please include your email address for faster service

Address and contact information

2530 Willis Rd.
Richmond, VA23237
Phone: 804-271-9107
Fax: 804-743-9259

Priority _____

Work Order# _____ **Date Ordered:** _____

Customer Name: _____ **Date Promised:** _____

Address: _____ **Customer Pick Up:** _____

City, State: _____ **Ship Carburetor:** _____

Zip Code: _____

Phone# _____ **Fuel Type** _____ **Octane** _____

E:Mail: _____ **New Carb:** _____ **Cust Core:** _____

Rebuild

Re color

Wet flow & set fuel curve

Helicoil Threads

Tune to specs

Test Run

INSTRUCTIONS:

Rules:

Oval - Drag - Mar - Blower - T-Ram - Pull

Engine Make & Size: _____

Compression: _____

RPM Range: _____

Heads: _____

Camshaft: @.50_____

GROSS LIFT: _____

Manifold: _____

Trans Type: _____

Trans Brake: _____

Converter: _____

Car Weight: _____

Gear Ratio: _____

Tire Height: _____

Power Level: _____

PRICE: _____

COD:

CREDIT CARD:

OPEN: