



Billet Pro Shop

PTC Torque Converter Combination INFO

Customer Information

Full Name: _____ Date: _____
Last First M.I.

Shipping Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Combination Info

Make of car: _____

Model of car: _____

Year of car: _____

Transmission: _____

of gears: _____

1st gear ratio: _____

Rear end ratio: _____

Weight of car: _____

Flywheel HP: _____

RPM Shift Point: _____

Motorplate?: _____

Cam duration: _____

Cam lift: _____

Cam centerline: _____

Power Adder: _____

Class (1/4 or 1/8): _____

Comments

Disclaimer and Signature

I certify that my combination information is accurate and understand that custom orders are non-refundable once submitted.

Signature: _____ Date: _____