

Distributor Curve Worksheet

Please include as much of the following information as you have available.
This form must be sent with the Distributor.

Client Name	_____
Mailing address	_____
City, State, Zip	_____
Phone Number	_____
E-mail address	_____
Model number on distributor	_____
Vehicle Make/ Model	_____
Vehicle Year	_____
Engine Displacement	_____
Engine Compression	_____
Cylinder Pressures	_____
Cylinder Head Work	_____
Camshaft	_____
Carburetors	_____
Distributor Vacuum Source	_____
Exhaust System	_____
Supercharger/Turbo? Boost	_____
Standard/ Premium Grade Fuel	_____
Transmission Type	_____
Points/ Pertronix/ Crane/ CEI	_____
Other performance enhancements?	_____
Additional Comments	_____

Payment preference/credit card number:	_____
expiration date & 3 digit security code	_____

**Ship to: Advanced Distributors
17495 Marystown Road
Shakopee MN 55379**