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Specializing in Antique Automobile Restoration & Hydraulic Brake Restoration Services since 1940.

BRAKE SERVICE FORM

To Receive Service:

- Print and complete this Brake Request Form, providing as much information as possible.
- Remove as much brake fluid as possible from your brake components and package them with this form (*contain the form in a plastic sleeve or envelope to keep it safe from residual fluid and/or debris*).
- Send your brake parts fully assembled with all internal parts, via one of the methods below:

UPS/FedEx: 1 Old Car Drive, White Post, VA 22663

USPS: PO Box D, White Post, VA 22663

YEAR, MAKE & MODEL: _____

Indicate parts enclosed and number of pieces:

- _____ Master cylinder sleeved & rebuilt
- Cadmium plate master cylinder lid (*at additional cost*)
 - Cadmium plate master cylinder lid & provide gasket (*at additional cost*)
- _____ Clutch master sleeved & rebuilt
- _____ Wheel cylinder sleeved & rebuilt (*step-bore & oversized at additional cost*)
- _____ Booster w/ master cylinder sleeved and/or rebuilt (*clear zinc plating at additional cost*)
- _____ Booster w/ servo sleeved and/or rebuilt (*clear zinc plating at additional cost*)
- _____ Proportioning/Metering/Distribution valve sleeved and/or rebuilt
- _____ Clutch slave cylinder sleeved & rebuilt
- _____ Brake shoe > š^aŸrelined
- _____ Brake hose fabricated (*must include old hose(s) for sample*)
- _____ Disc brake caliper sleeved and/or rebuilt
- Provide new stainless steel bridge pipe(s) and/or J-pipe(s) (*at additional cost - must include old pipes for sample*)
 - Provide new disc brake pads and/or reline original (*at additional cost - must include old pads for sample*)

Customer Name: _____ PO #: _____

Street/Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Phone: _____ Email (*to receive tracking information*): _____

RETURN SHIPPING * All orders insured for invoice value unless otherwise specified: \$ _____ *****

UPS: ○ Ground ○ 3 Day ○ 2 Day ○ Next Day ○ **US POSTAL SERVICE** (*if applicable*)

Expedite Service Requested (25% surcharge of service total - subject to availability based on parts, plating, etc.)

PAYMENT AmEx, Visa, MasterCard, or Discover *** **Orders charged upon receipt** ***

Card Number: _____ Exp: _____ CVV: _____ Billing Zip: _____

BRAKE FLUID USED: ○ DOT 3 or 4 ○ DOT 5 (silicone) ○ OTHER: _____

*** Components used in conjunction with DOT 5 are not covered under warranty. We will assemble/test using this fluid to avoid cross-contamination. ***

ADDITIONAL INFORMATION/ORDER REQUESTS