

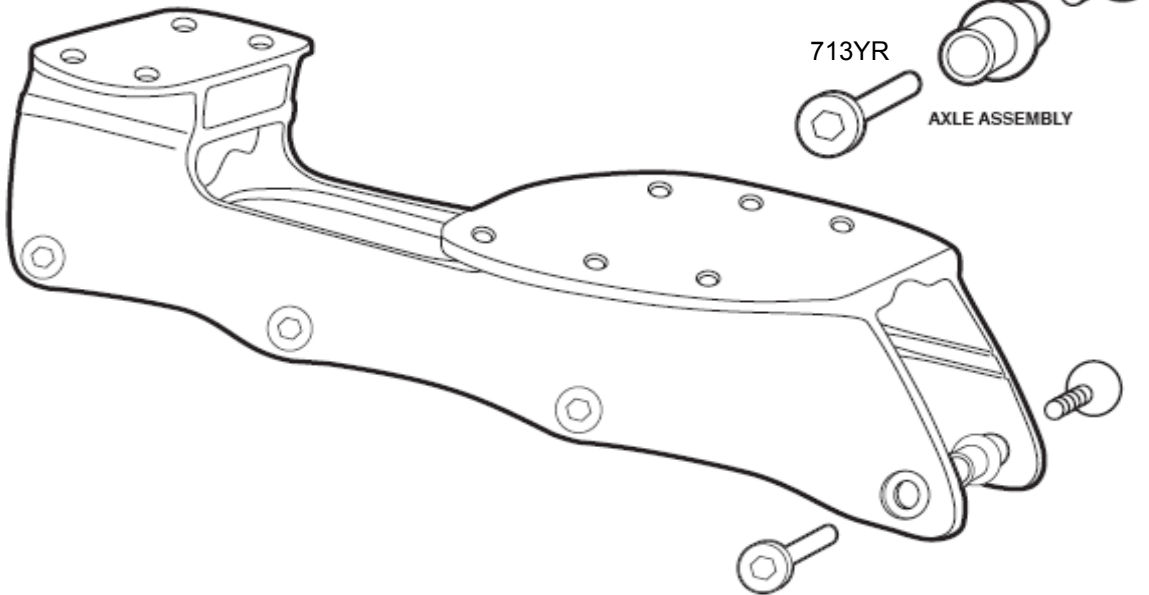


THOR BX PRO MODEL# 85TA

Sizes 3- 4 all 72mm Wheels

Sizes 5-6 all 76mm Wheels

Sizes 7-13 all 80mm Wheels



WARRANTY: 120 days from date of purchase (USA only). Defective skates or parts should be returned freight prepaid to Tour Hockey. Call (217) 324-3001 ext. 121 for Return Authorization. Original receipt must accompany all returns, no copies will be accepted. Tour Hockey reserves the right to repair or replace if product is found to be defective. Repaired or replaced product will be shipped freight prepaid back to sender (USA only). Due to nature of the sport, bent hockey frames are not be considered defective.

SAFETY: * Recommended for indoor use only. * This skate does not have a heel brake and therefore is recommended for experienced inline hockey players. Inexperienced skaters should not skate without adult supervision. * The following protective gear should be worn while skating: helmet, shin guards, elbow guards, and gloves. Protective gear can reduce the risk of injury. * All axles should be tightened prior to each use.

THOR BX MODEL# 85TA FRAME PARTS ORDER

Orders must be mailed or faxed to TOUR HOCKEY (NO PHONE ORDERS ACCEPTED)

TOUR HOCKEY * 311 W. EDWARDS ST. * LITCHFIELD, IL 62056 * PHONE (217) 324-3001 * FAX (217) 324-2213

www.tourhockey.com

We recommend that you check with your local dealer before ordering from TOUR.

Part #	Description	Cost (ea)	Qty	Total
713YR	Female Axle	\$1.50		
714YR	Male Axle Screw	\$0.70		
712	Bearing Spacer	\$1.50		
T778	Tour Allen Wrench	\$2.00		
BH7278MCO	72mm LABEDA Millenium Wheel	\$12.00		
BH7678MCO	76mm LABEDA Millenium Wheel	\$12.00		
BH8078MCO	80mm LABEDA Millenium Wheel	\$12.00		
608B9	ABEC-9 Bearing	\$3.00		

* Wheel Color and Graphic may vary

All orders must be paid by check, Visa, or Mastercard prior to shipment

CA residents add 8% tax
 IL residents add 7.25% tax
 PA residents add 6% tax

Subtotal	
Tax	
Shipping and Handling	\$6.25
TOTAL	

Name: _____ Signature: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

MC or Visa #: _____ Exp Date: _____