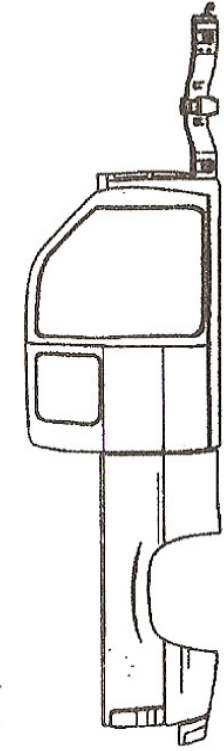


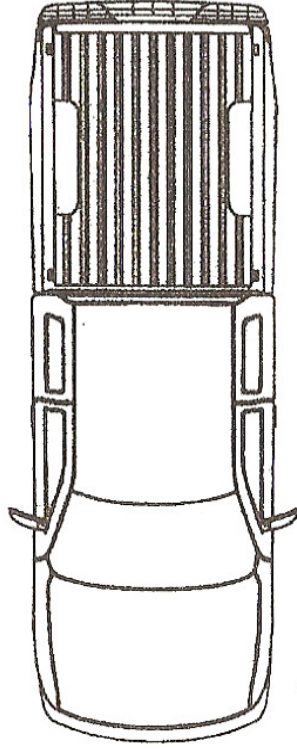
Recycled Parts Request **EXTENDED CAB TRUCK FORM**

Date: _____
To: _____
Contact Person: _____
Phone #: _____
Year: _____
Model: _____
P.O. #: _____

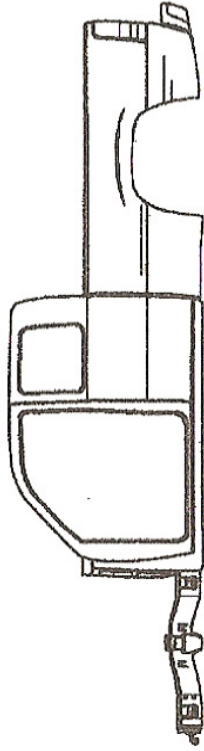
From: _____
Contact Person: _____
Fax #: _____
Make: _____
VIN #: _____
Build Date: _____



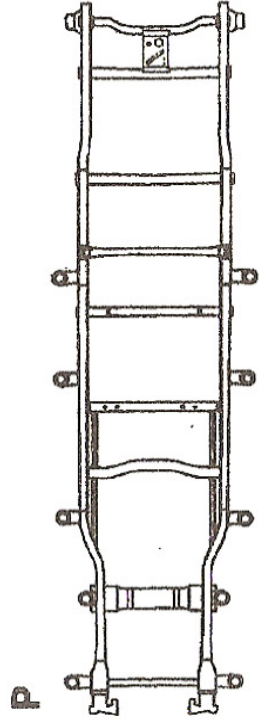
PASSANGER SIDE



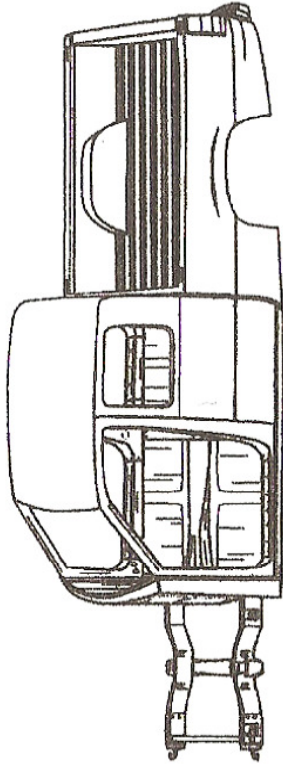
TOP VIEW



DRIVER SIDE



P
D
TOP VIEW



Please use the area below for a detail of cut instructions:

Notes: