

Recycled Parts Request: EXTENDED CAB TRUCK FORM

Date: _____

To: _____

From: _____

Contact Person: _____

Contact Person: _____

Phone #: _____

Fax #: _____

Year: _____

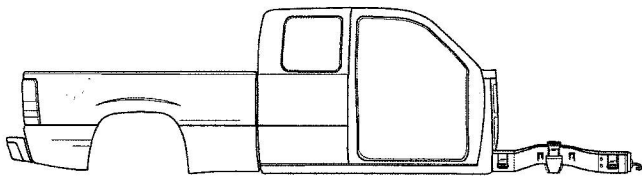
Make: _____

Model: _____

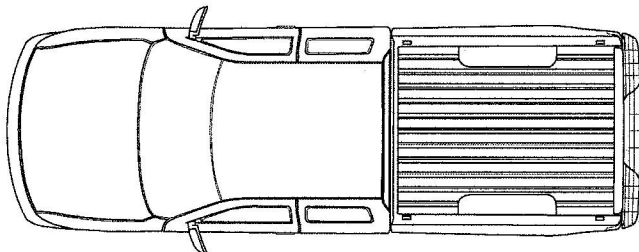
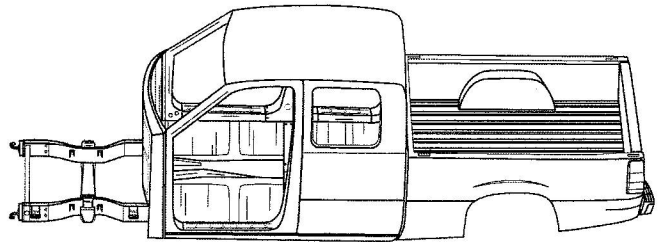
VIN #: _____

P.O. #: _____

Build Date: _____

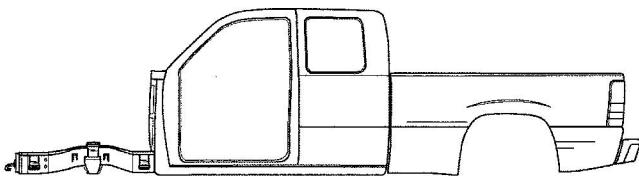


PASSANGER SIDE



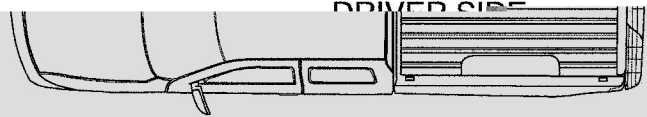
TOP VIEW

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



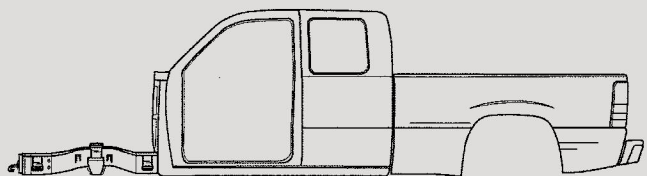
DRIVER SIDE

Notes:

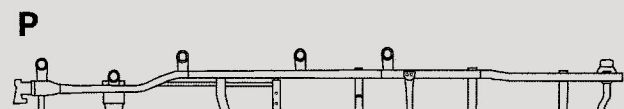


TOP VIEW

Notes:



DRIVER SIDE



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