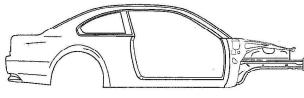


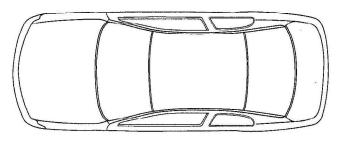
2-DOOR UNIBODY FORM

D. C.	Date:
NEWFIELD, NJ	From:
	Contact Person:
Phone #:	Fax #:
Year:	Make:
Model:	VIN:
PO #:	Build Date:

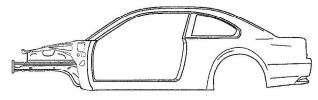
Notes:



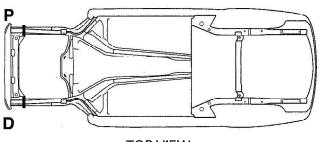
PASSENGER SIDE



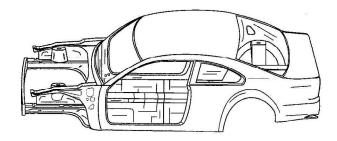
TOP VIEW



DRIVER SIDE



TOP VIEW



Please u	se tne ar	ea belov	v tor a de	etall of cu	it instruc	tions:
						·