



EXTENDED CAB TRUCK FORM

Date: _____

From: _____

Contact Person: _____

Fax #: _____

Make: _____

VIN: _____

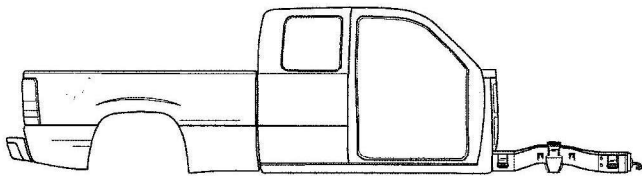
Build Date: _____

Phone #: _____

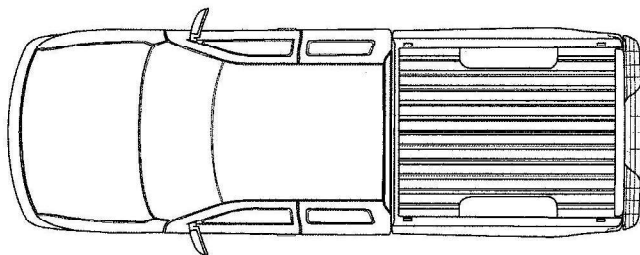
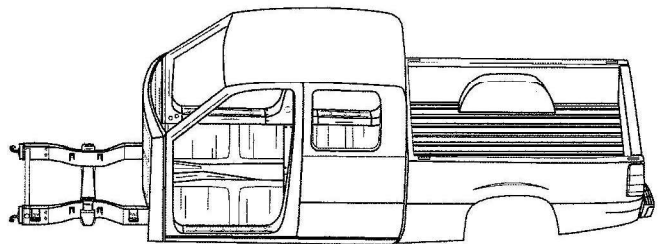
Year: _____

Model: _____

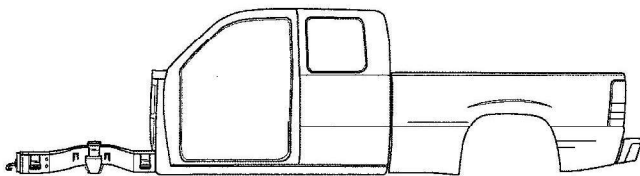
PO #: _____



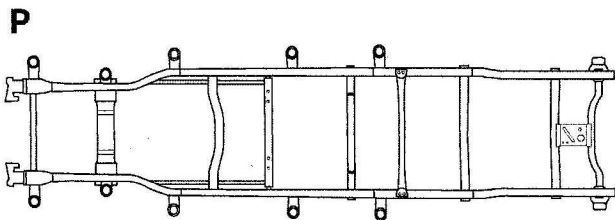
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



TOP VIEW

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

Notes: