



# EXTENDED CAB TRUCK FORM

Date: \_\_\_\_\_

From: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Fax #: \_\_\_\_\_

Make: \_\_\_\_\_

VIN: \_\_\_\_\_

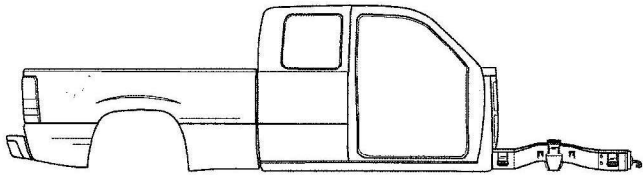
Build Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

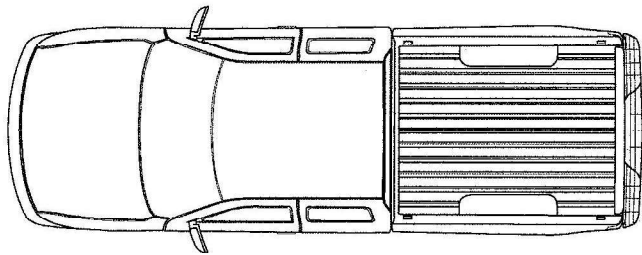
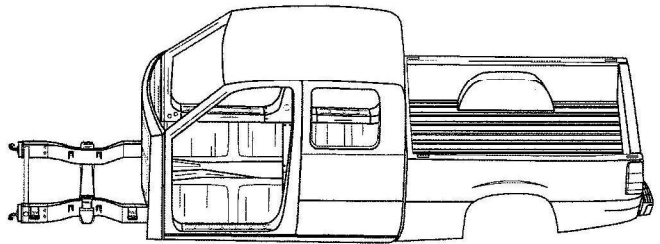
Year: \_\_\_\_\_

Model: \_\_\_\_\_

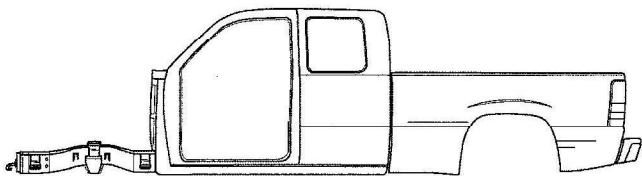
PO #: \_\_\_\_\_



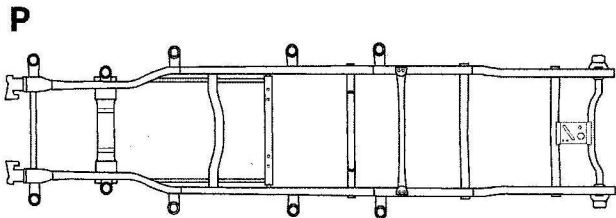
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



TOP VIEW

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

Notes: