



TRUCK FORM

Date: _____

From: _____

Contact Person: _____

Fax #: _____

Make: _____

VIN: _____

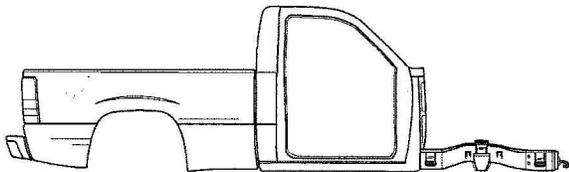
Build Date: _____

Phone #: _____

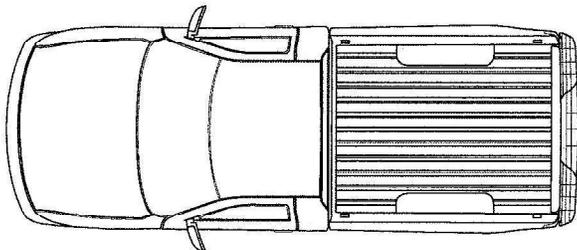
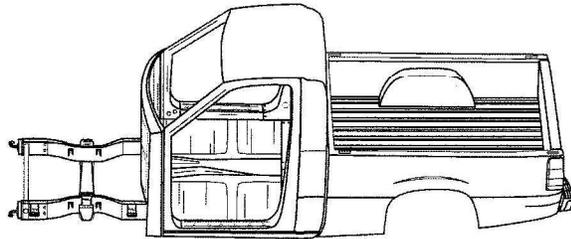
Year: _____

Model: _____

PO #: _____

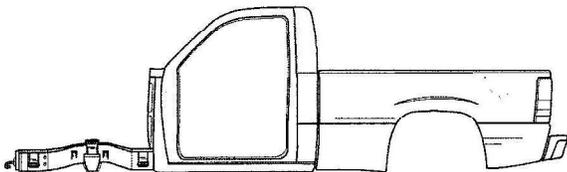


PASSENGER SIDE



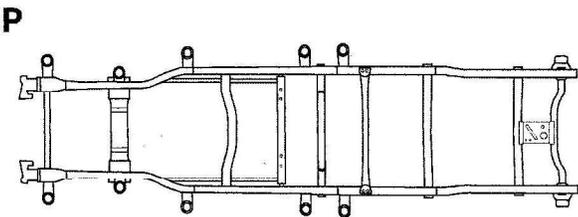
TOP VIEW

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



DRIVER SIDE

Notes:



D

TOP VIEW