

# Recycled Parts Request: EXTENDED CAB TRUCK FORM

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

To: \_\_\_\_\_

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

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

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

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

P.O. #: \_\_\_\_\_

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

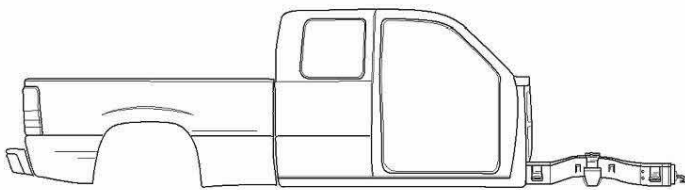
Contact Person: \_\_\_\_\_

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

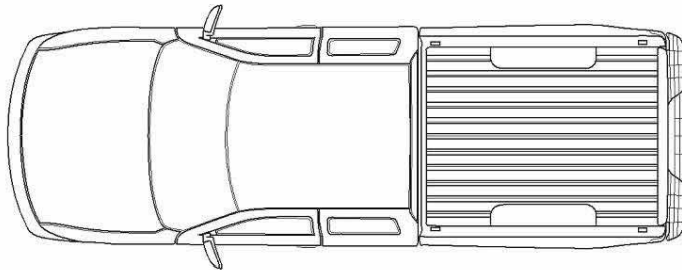
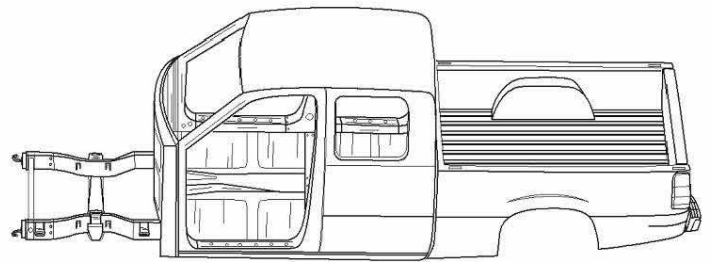
Make: \_\_\_\_\_

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

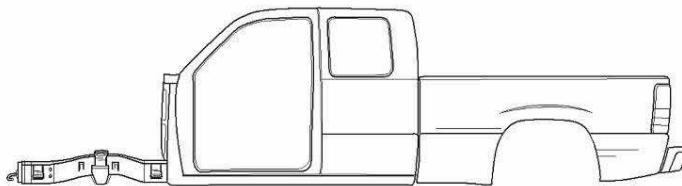
Build Date: \_\_\_\_\_



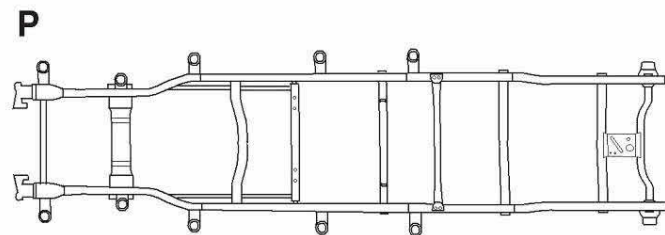
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



D

UNDERBODY VIEW

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

Agreement:

I \_\_\_\_\_ agree that all sales on cut items are final.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes: