

Model: _____

Phone #: _____

PO #: _____

EXTENDED CAB TRUCK FORM

Date: _____
From: _____

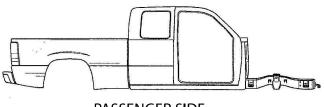
Contact Person: _____

Fax #: ____

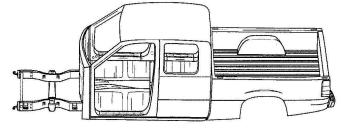
Make: ____

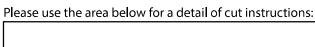
VIN: ____

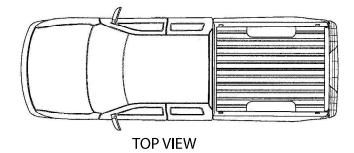
Build Date: ____



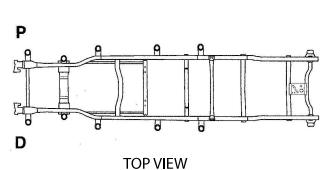
PASSENGER SIDE







DRIVER SIDE



Notes:			