

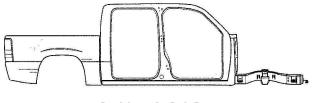
Phone #: _____

Model: _____

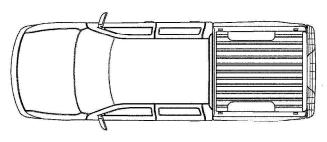
PO #: _____

QUAD CAB TRUCK FORM

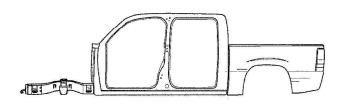
Date: _____ From: _____ Contact Person: _____ Fax #: Make: _____ VIN: Build Date: _____



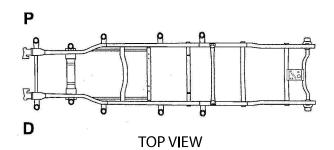
PASSENGER SIDE

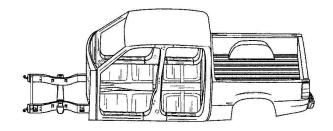


TOP VIEW



DRIVER SIDE





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

Notes: