

Recycled Parts Request: QUAD CAB TRUCK FORM

Date: _____

To: _____

From: _____

Contact Person: _____

Contact Person: _____

Phone #: _____

Fax #: _____

Year: _____

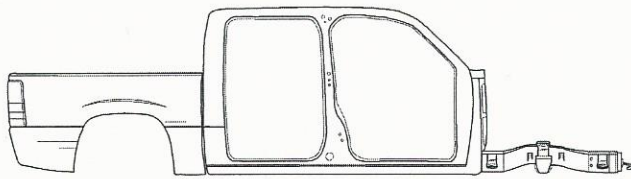
Make: _____

Model: _____

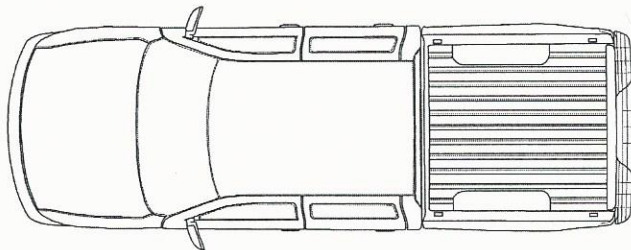
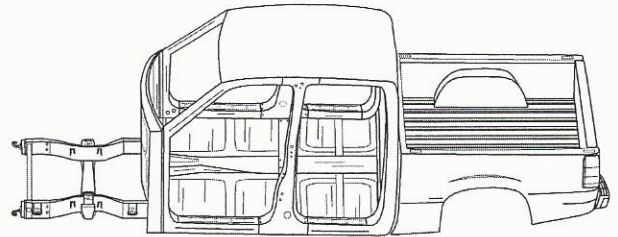
VIN #: _____

P.O. #: _____

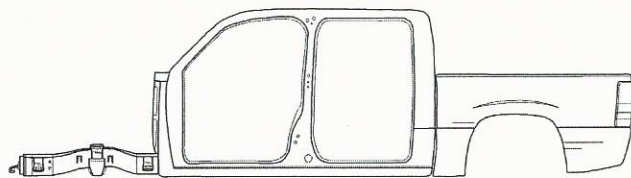
Build Date: _____



PASSENGER SIDE

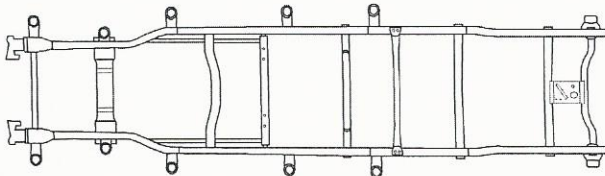


TOP VIEW



DRIVER SIDE

P



D

UNDERBODY VIEW

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

Notes:



FAX: 866-465-0046