



EXTENDED CAB TRUCK FORM

Phone #: _____

Year: _____

Model: _____

PO #: _____

Date: _____

From: _____

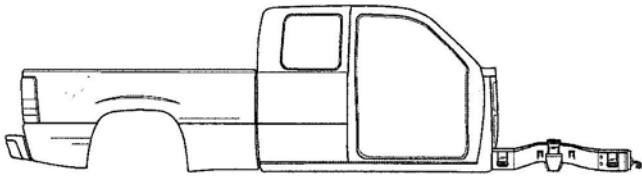
Contact Person: _____

Fax #: _____

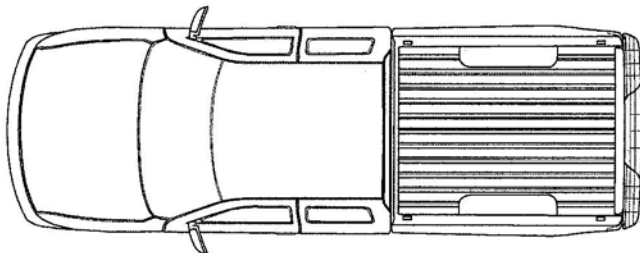
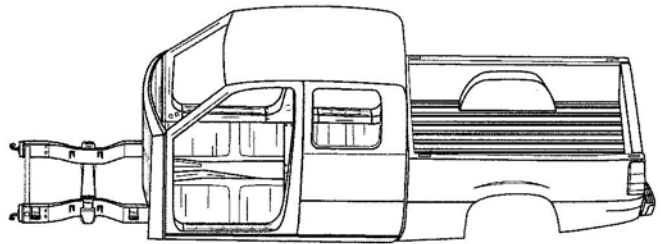
Make: _____

VIN: _____

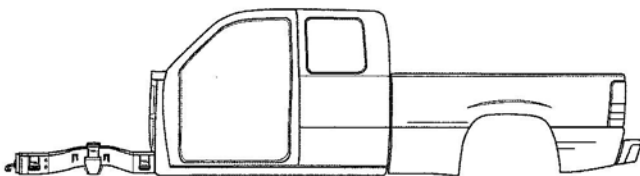
Build Date: _____



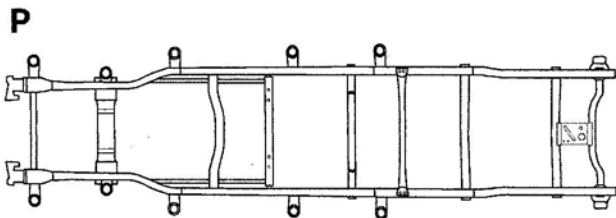
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



D

TOP VIEW

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

Notes:
