

Recycled Parts Request: **QUAD CAB TRUCK FORM**

Date: _____

To: _____

Contact Person: _____

Phone #: _____

Year: _____

Model: _____

P.O. #: _____

From: _____

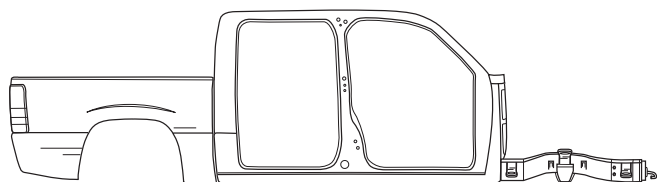
Contact Person: _____

Fax #: _____

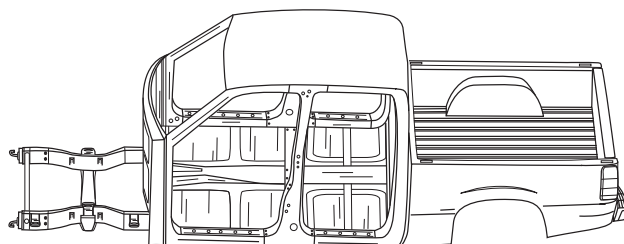
Make: _____

VIN #: _____

Build Date: _____

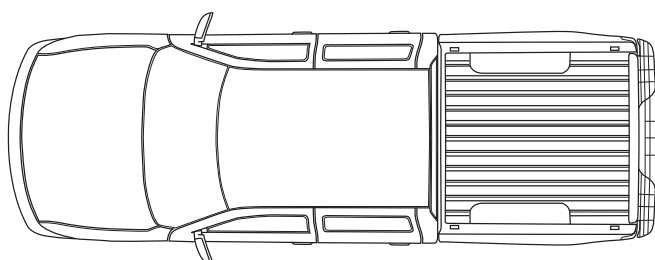


PASSENGER SIDE

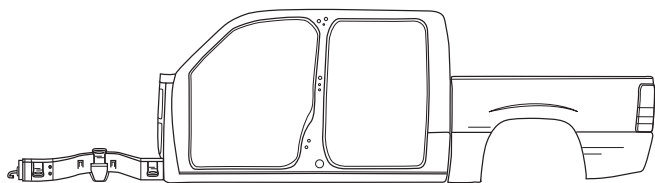


Please use the area below for a detail of cut instructions:

Notes:

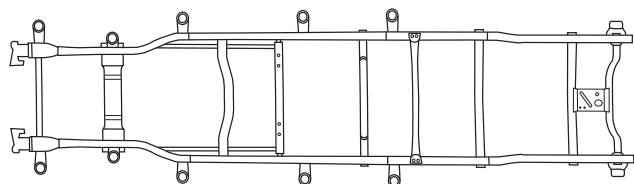


TOP VIEW



DRIVER SIDE

P



D

UNDERBODY VIEW