



# EXTENDED CAB TRUCK FORM

Phone #: \_\_\_\_\_

Year: \_\_\_\_\_

Model: \_\_\_\_\_

PO #: \_\_\_\_\_

Date: \_\_\_\_\_

From: \_\_\_\_\_

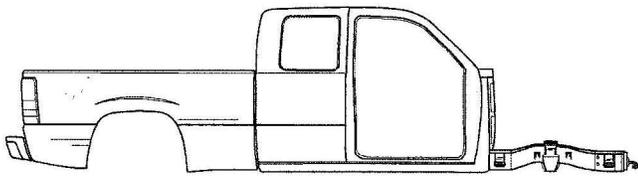
Contact Person: \_\_\_\_\_

Fax #: \_\_\_\_\_

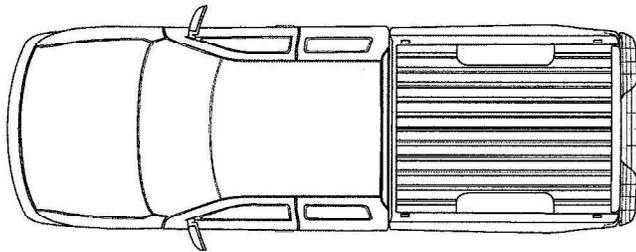
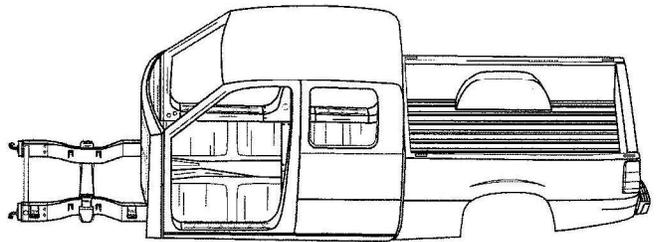
Make: \_\_\_\_\_

VIN: \_\_\_\_\_

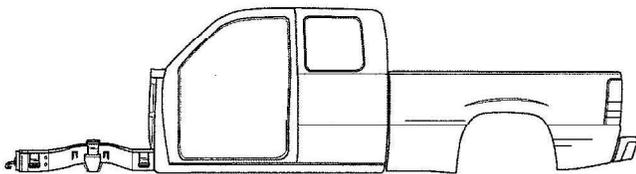
Build Date: \_\_\_\_\_



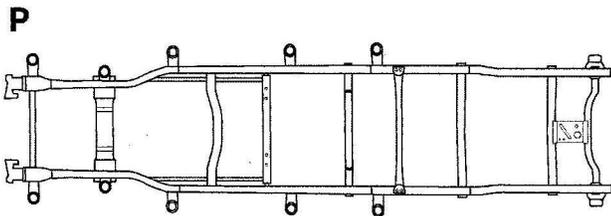
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



D

TOP VIEW

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

Notes:

---

---

---

---

---

---

---

---