



EXTENDED CAB

Date: _____

To: _____

Contact Person: _____

Phone #: _____

Year: _____

Model: _____

P.O. #: _____

From: _____

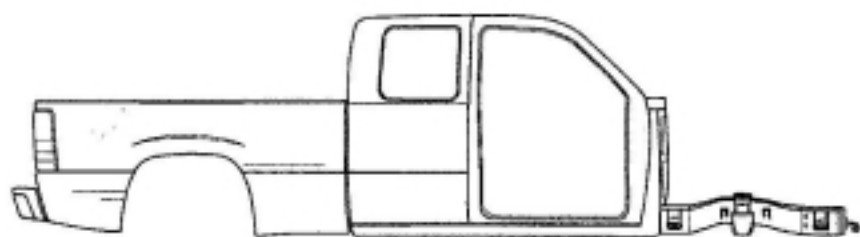
Contact Person: _____

Fax #: _____

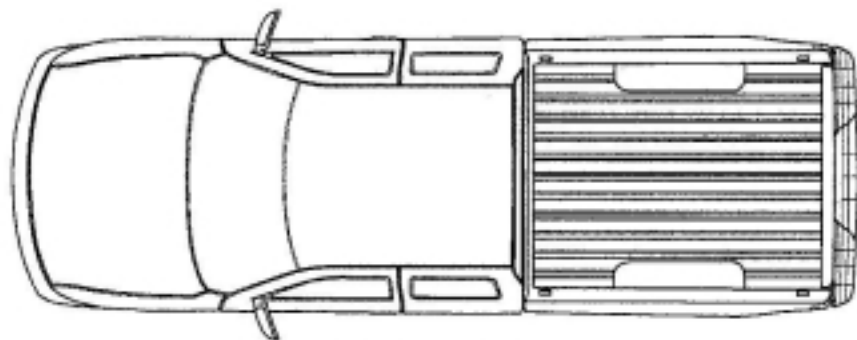
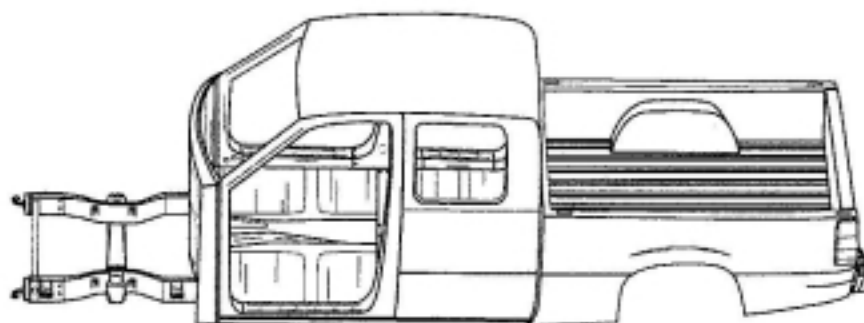
Make: _____

VIN #: _____

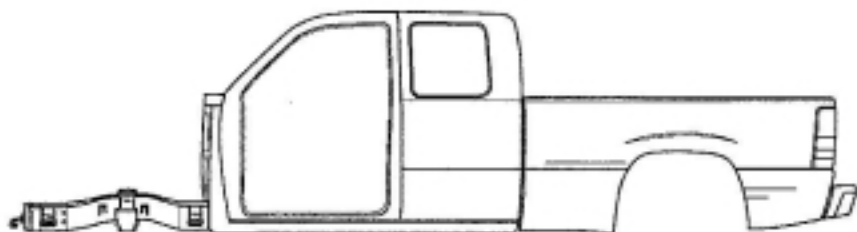
Build Date: _____



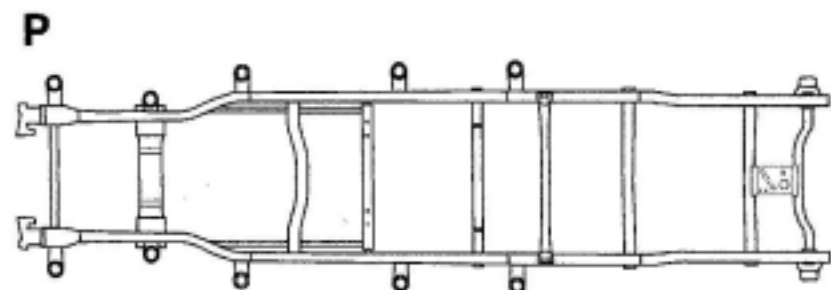
PASSANGER SIDE



TOP VIEW



DRIVER SIDE



TOP VIEW

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

Notes: