

# \$100 NON-REFUNDABLE CUT FEE ON RETURNS

## Recycled Parts Request: EXTENDED CAB TRUCK FORM

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

To: \_\_\_\_\_

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

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

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

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

W.O.#: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

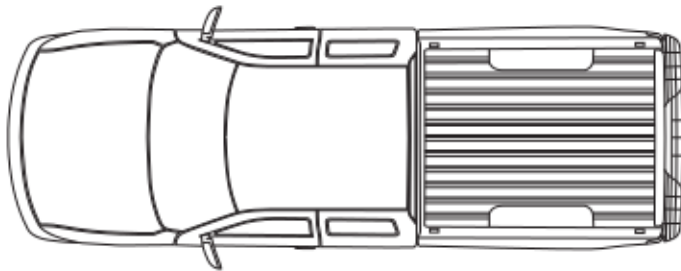
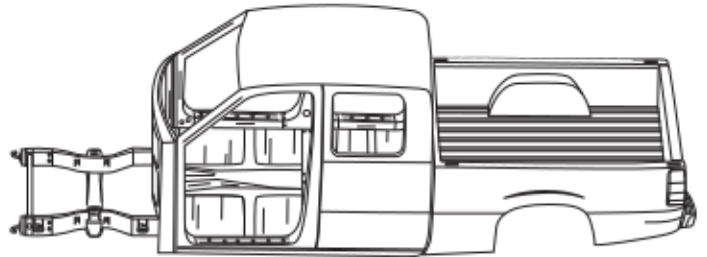
Make: \_\_\_\_\_

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

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



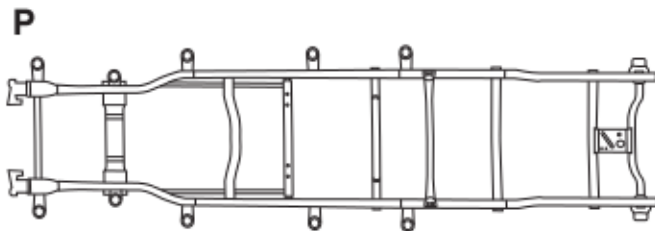
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



D

UNDERBODY VIEW

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

Notes:

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