



# QUAD CAB TRUCK FORM

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

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

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

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

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

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

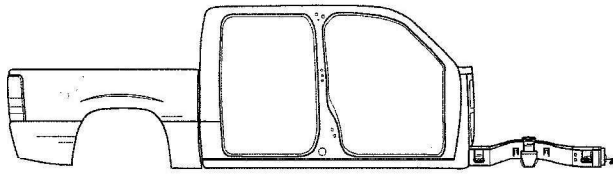
Build Date: \_\_\_\_\_

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

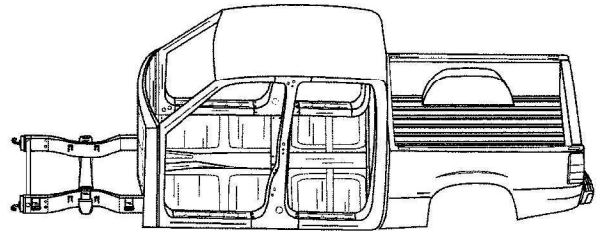
Year: \_\_\_\_\_

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

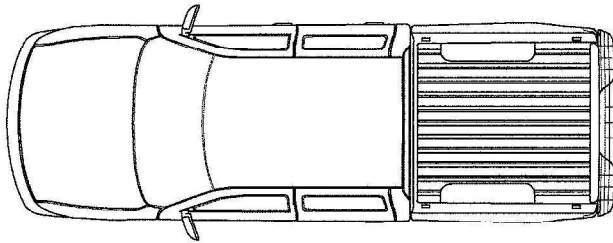
PO #: \_\_\_\_\_



PASSENGER SIDE

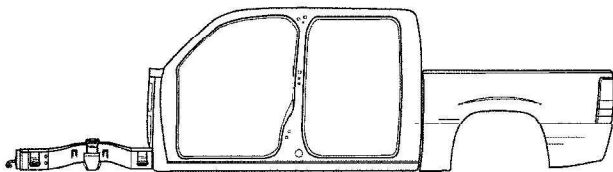


Please use the area below for a detail of cut instructions:

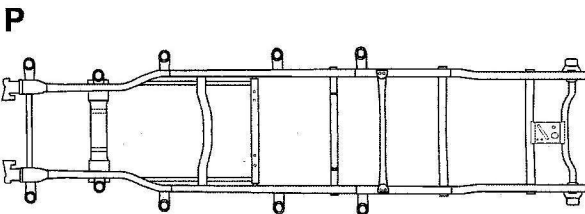


TOP VIEW

Notes:



DRIVER SIDE



P  
D  
TOP VIEW