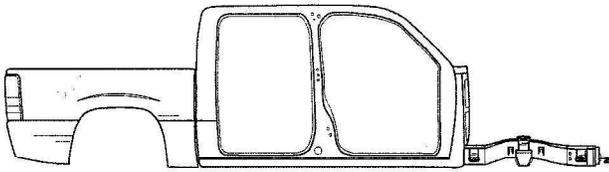




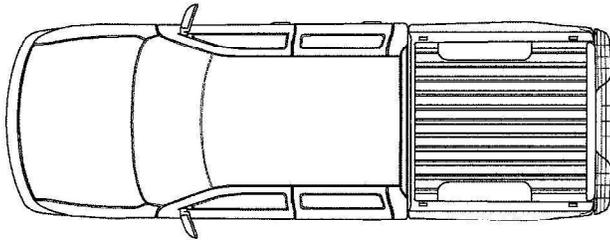
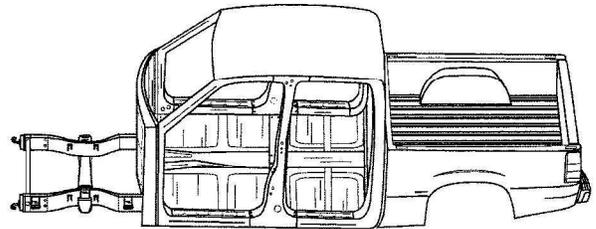
QUAD CAB TRUCK FORM

Phone #: _____
Year: _____
Model: _____
PO #: _____

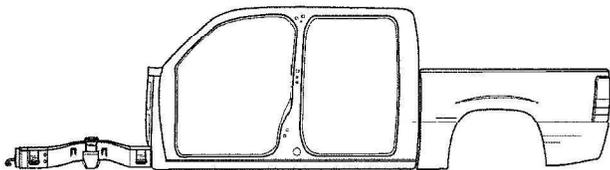
Date: _____
From: _____
Contact Person: _____
Fax #: _____
Make: _____
VIN: _____
Build Date: _____



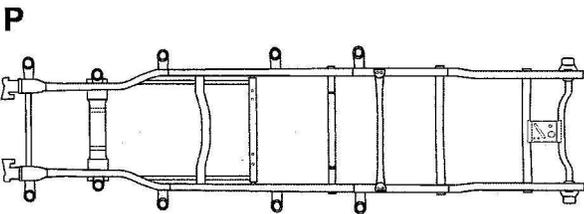
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



P
D
TOP VIEW

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

Notes:
