



**Auto Parts Inc**

**EXTENDED CAB TRUCK FORM**

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

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

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

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

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

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

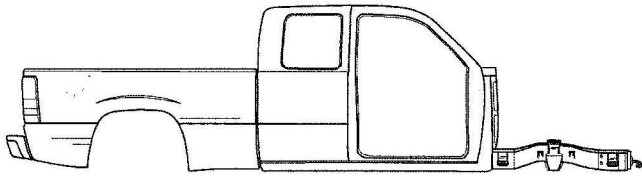
Contact Person: \_\_\_\_\_

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

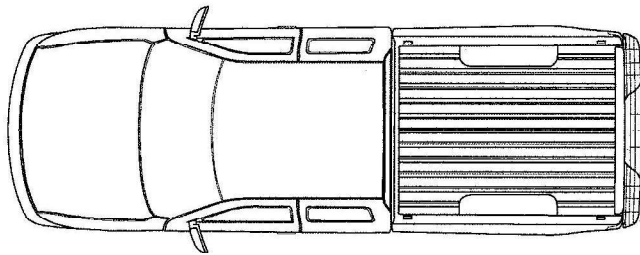
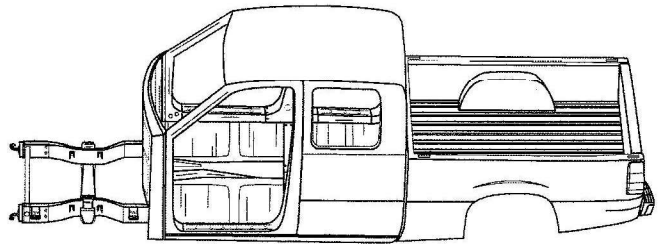
Make: \_\_\_\_\_

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

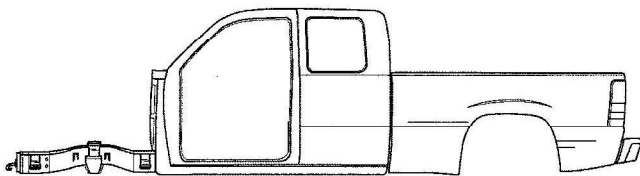
Build Date: \_\_\_\_\_



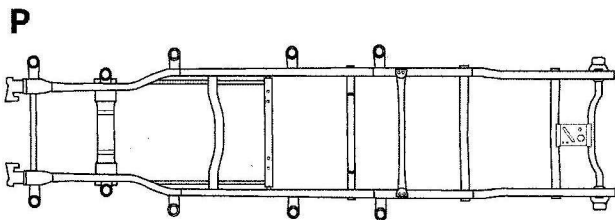
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



TOP VIEW

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

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_