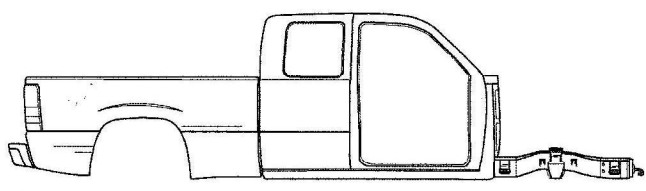




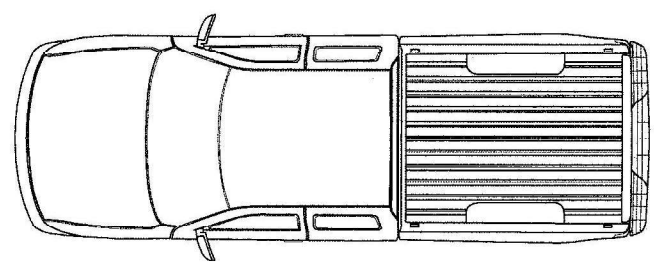
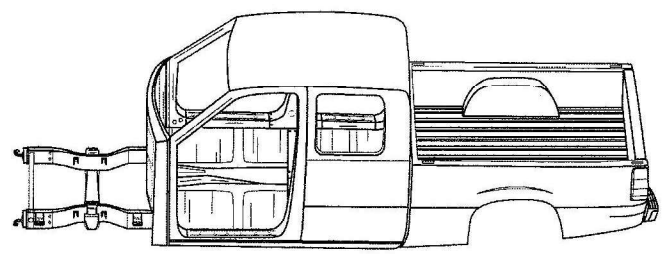
EXTENDED CAB TRUCK FORM

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

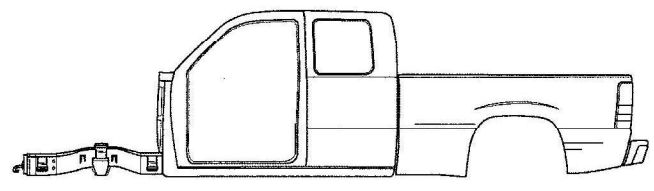
Date: _____
 From: _____
 Contact Person: _____
 Fax #: _____
 Make: _____
 VIN: _____
 Build Date: _____



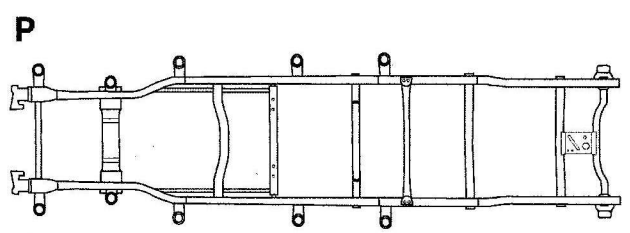
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



D

TOP VIEW

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

Notes:
