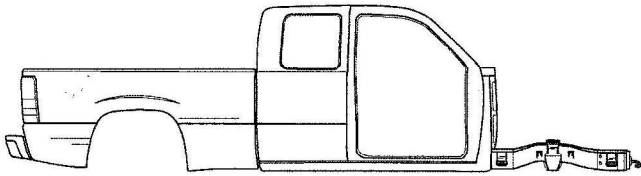




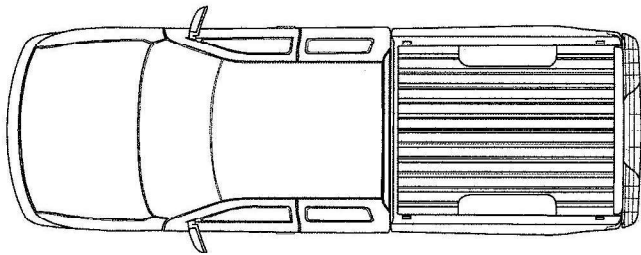
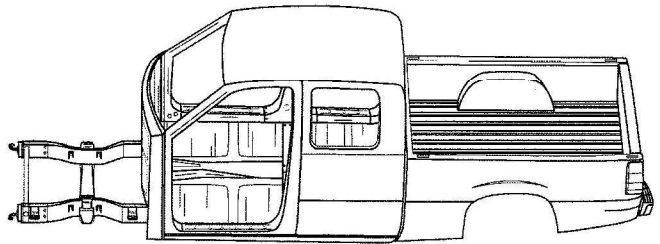
# EXTENDED CAB TRUCK FORM

Phone #: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 PO #: \_\_\_\_\_

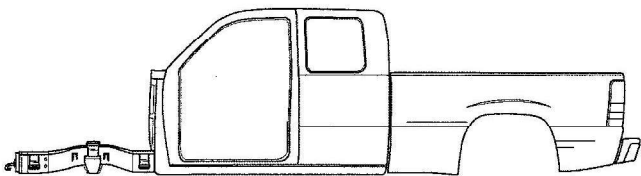
Date: \_\_\_\_\_  
 From: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Make: \_\_\_\_\_  
 VIN: \_\_\_\_\_  
 Build Date: \_\_\_\_\_



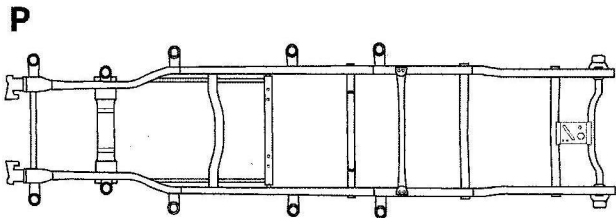
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



P  
D  
TOP VIEW

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

Notes:

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