

Phone #: __

PO #: _

Model: _____

FULL-SIZE VAN FORM

 Date: _____

 From: _____

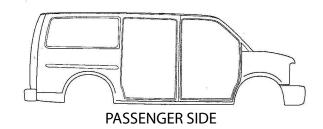
 Contact Person: _____

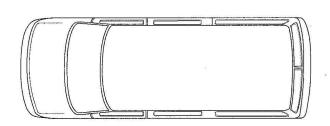
 Fax #: _____

 Make: _____

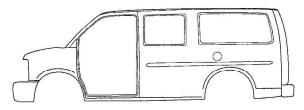
 VIN: _____

 Build Date: _____

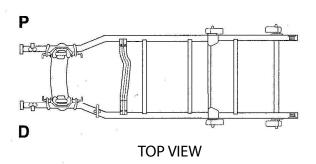


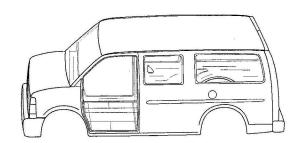


TOP VIEW



DRIVER SIDE





Please use the area below for a detail of cut instructions

riease use the area below for a detail of cut instructions.

Notes: