

Recycled Parts Request: EXTENDED CAB TRUCK FORM

Date: _____

To: _____ From: _____

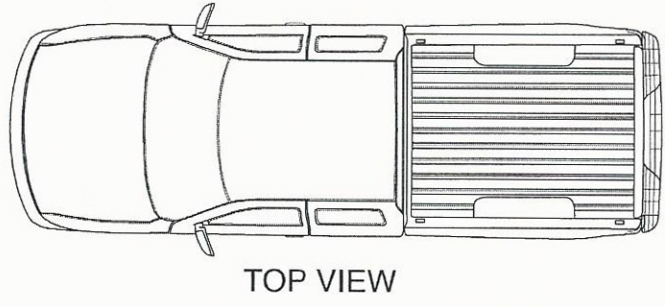
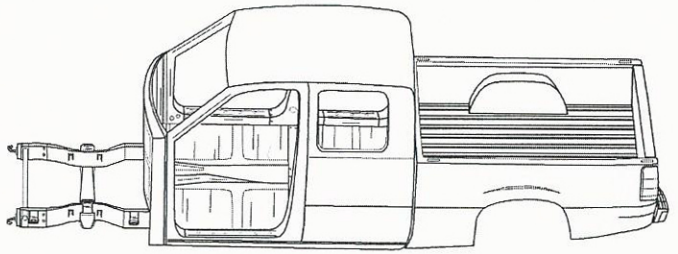
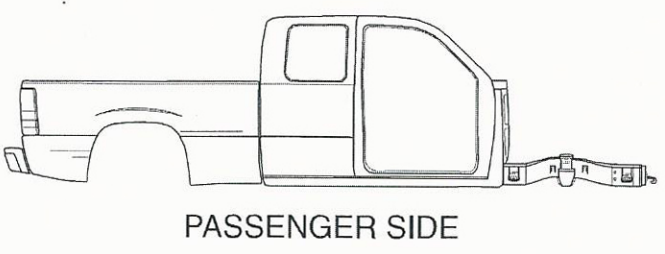
Contact Person: _____ Contact Person: _____

Phone #: _____ Fax #: _____

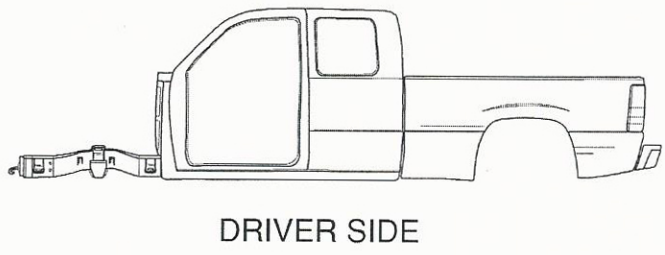
Year: _____ Make: _____

Model: _____ VIN #: _____

P.O. #: _____ Build Date: _____



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



Notes:

