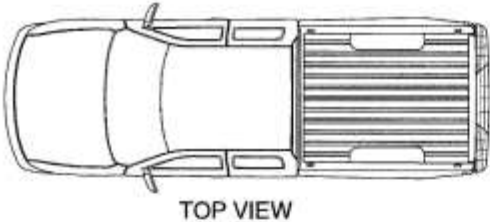
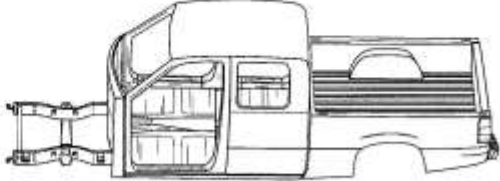
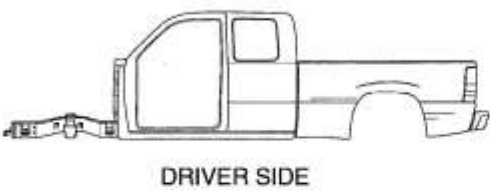


Recycled Parts Request: EXTENDED CAB TRUCK FORM

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:

