

Recycled Parts Request: 4-DOOR FULL FRAME FORM

Date: _____

To: _____

From: _____

Contact Person: _____

Contact Person: _____

Phone #: _____

Fax #: _____

Year: _____

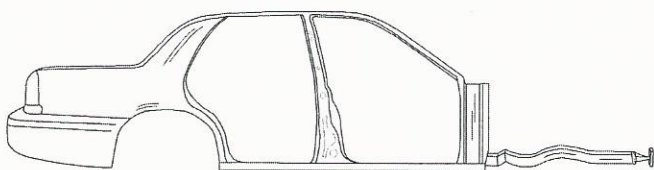
Make: _____

Model: _____

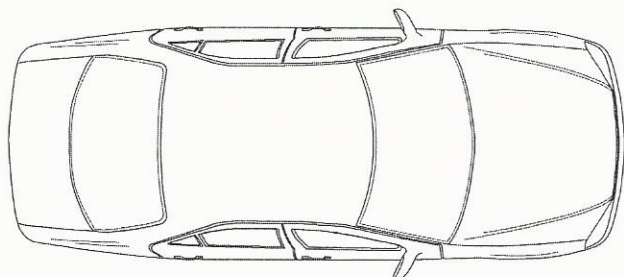
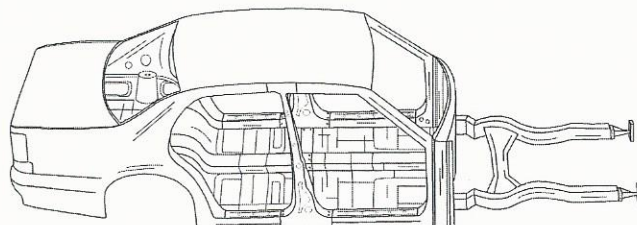
VIN #: _____

P.O. #: _____

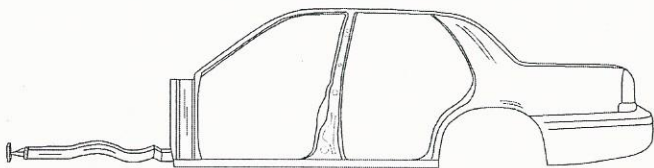
Build Date: _____



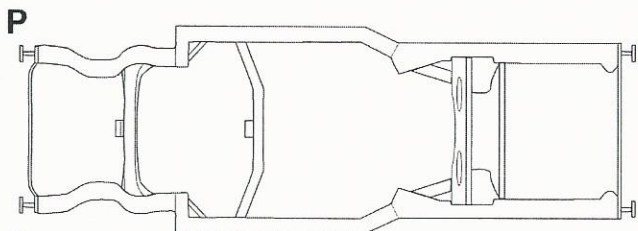
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



D

Please add **cut markings** to images, include any specific **notes** that might not be seen from the cut marks, and then add your **signature**. Your signature indicates you will accept the **cut** as described and understand the cut is **NONREFUNDABLE**. Please fax the completed form back to 816.697.3350 or email it to your salesman. For general questions, please call 816.697.3535 or email admin@countylineautoparts.com.

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



A Company of Champions

Signature: _____

Thank you for your business!