

Recycled Parts Request: QUAD CAB TRUCK FORM

Date: _____

To: _____

From: _____

Contact Person: _____

Contact Person: _____

Phone #: _____

Fax #: _____

Year: _____

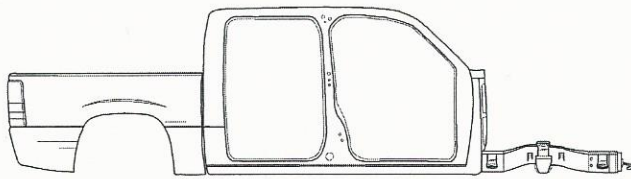
Make: _____

Model: _____

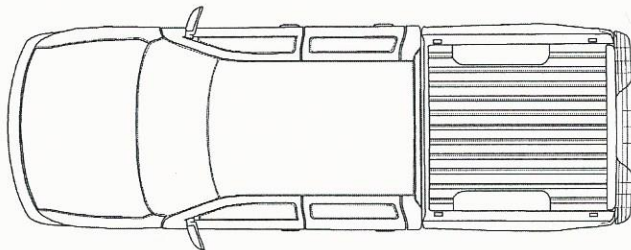
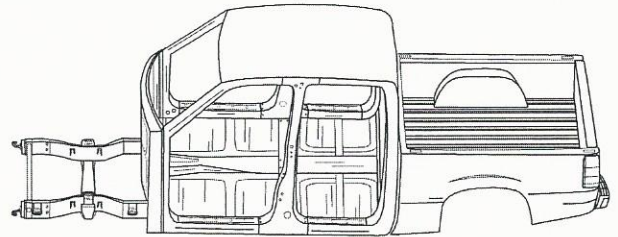
VIN #: _____

P.O. #: _____

Build Date: _____

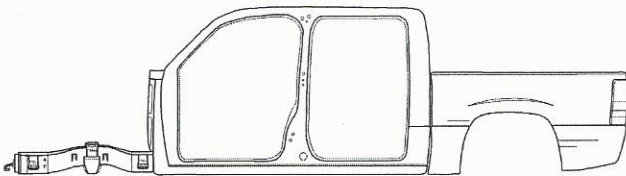


PASSENGER SIDE



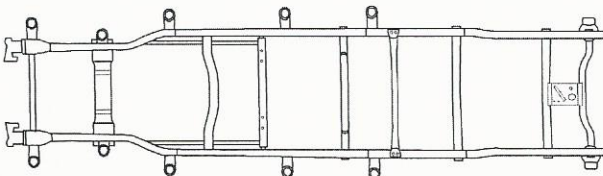
TOP VIEW

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



DRIVER SIDE

P



D



A Company of Champions

Signature: _____

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.

Thank you for your business!