

Recycled Parts Request: EXTENDED CAB TRUCK FORM

Date: _____

To: _____

Contact Person: _____

Phone #: _____

Year: _____

Model: _____

P.O. #: _____

From: _____

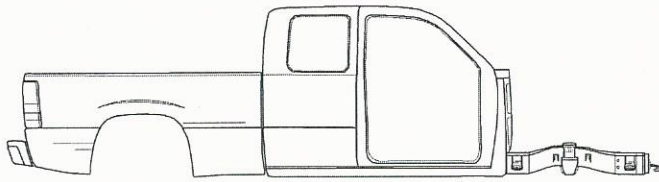
Contact Person: _____

Fax #: _____

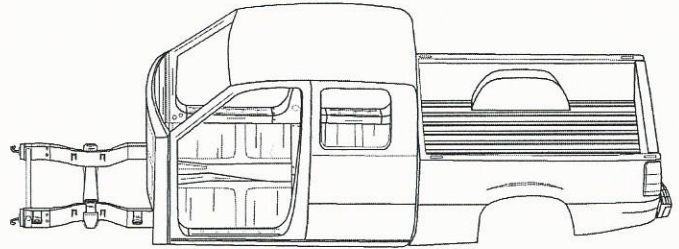
Make: _____

VIN #: _____

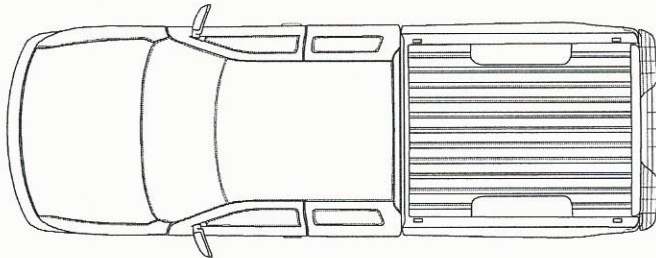
Build Date: _____



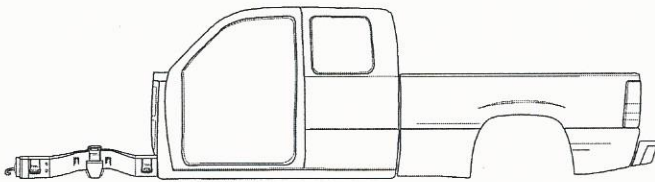
PASSENGER SIDE



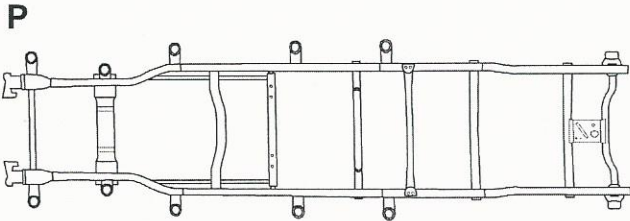
Please use the area below for a detail of cut instructions:



TOP VIEW



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!