

# EXTENDED CAB TRUCK CUT SHEET

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Year: \_\_\_\_\_

Model: \_\_\_\_\_

PO #: \_\_\_\_\_

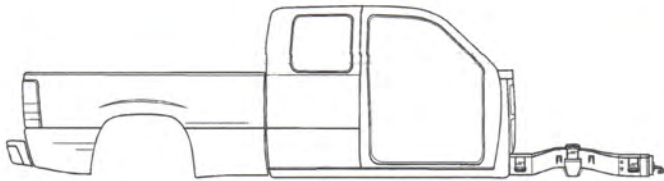
Contact: \_\_\_\_\_

Fax: \_\_\_\_\_

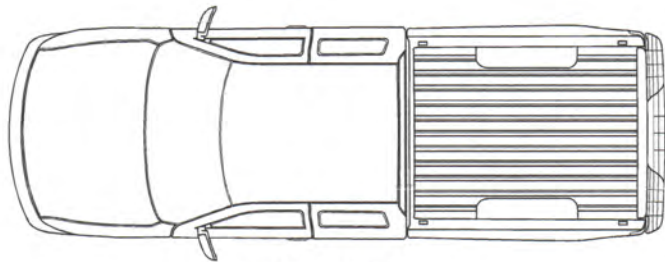
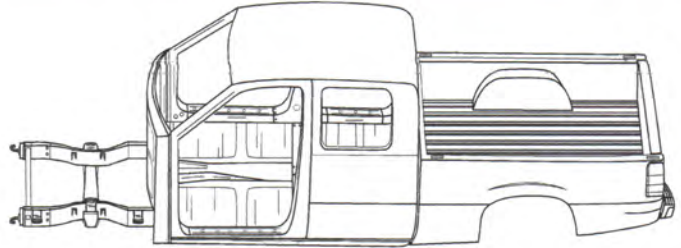
Make: \_\_\_\_\_

VIN #: \_\_\_\_\_

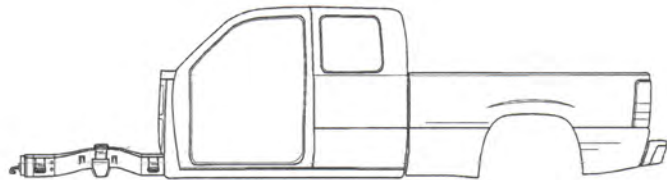
Build Date: \_\_\_\_\_



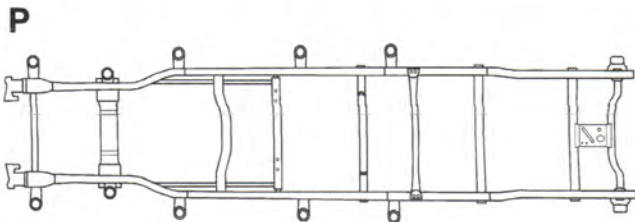
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



TOP VIEW

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

Notes:

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