

EXTENDED CAB TRUCK CUT SHEET

Date: _____

Company: _____

Phone: _____

Year: _____

Model: _____

PO #: _____

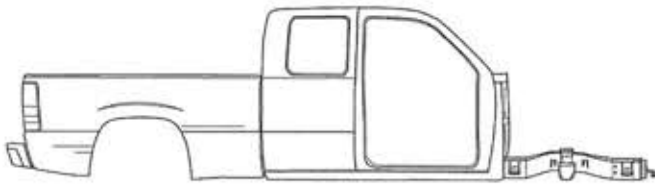
Contact: _____

Fax: _____

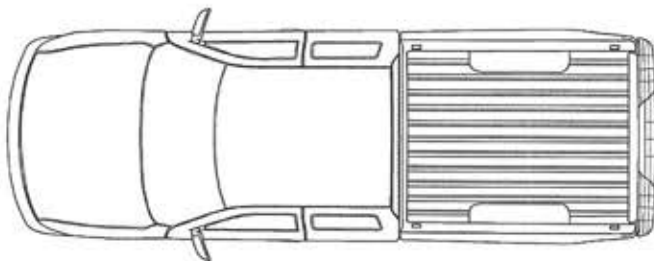
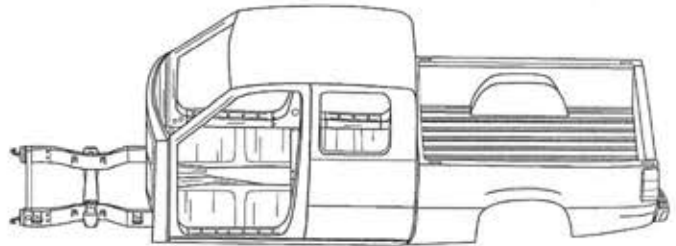
Make: _____

VIN #: _____

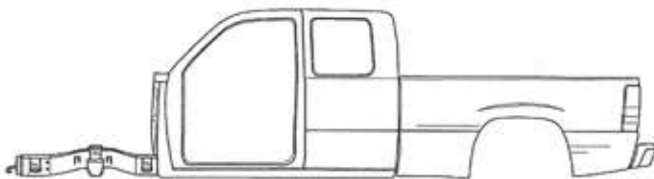
Build Date: _____



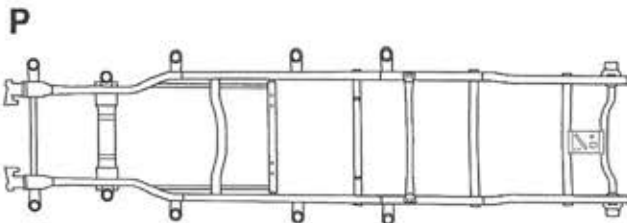
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



D

TOP VIEW

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

Notes:
