

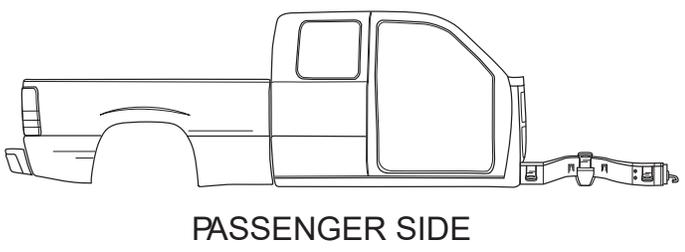
EXTENDED CAB TRUCK FORM

Date: _____ Salesperson: _____ Phone: _____
 Location: _____ Return Fax # _____

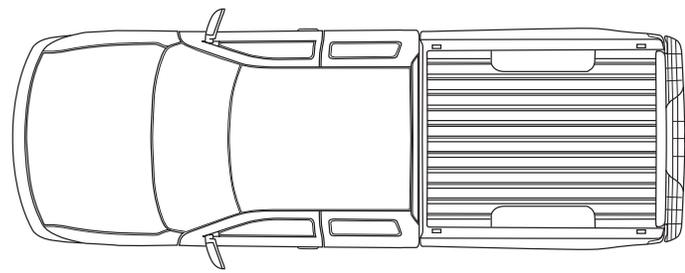
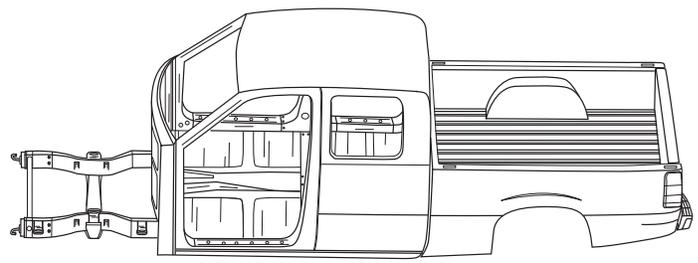
Customer: _____ Contact: _____ Phone: _____
 Year: _____ Make: _____ Model: _____ PO #: _____

Directions: Please make clearly visible lines to ensure proper cut is made. This is a special order item that is subject to a \$125 restocking fee if returned. If you have any questions please don't hesitate to contact your Salesperson.

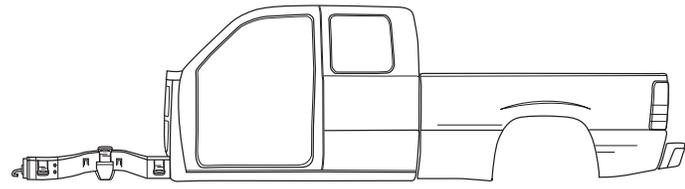
Signature: _____ Date: _____



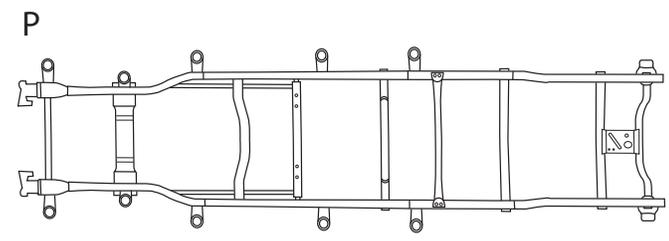
PASSENGER SIDE



TOPVIEW



DRIVER SIDE



P

D

UNDERBODY VIEW

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

Notes:
