

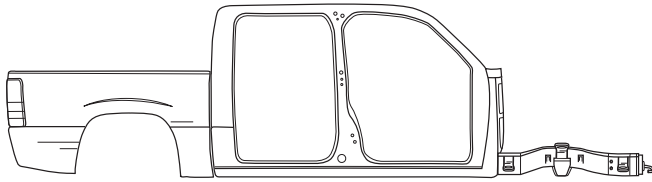
# QUADCAB TRUCK FORM

Date: \_\_\_\_\_ Salesperson: \_\_\_\_\_ Phone: \_\_\_\_\_  
Location: \_\_\_\_\_ Return Fax # \_\_\_\_\_

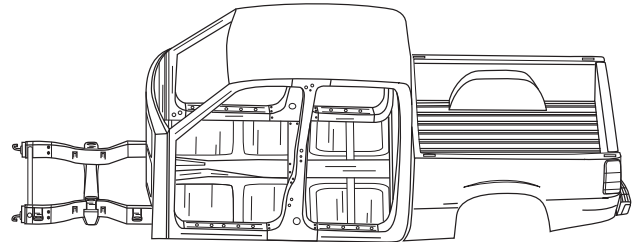
Customer: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ PO #: \_\_\_\_\_

**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



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

Notes:

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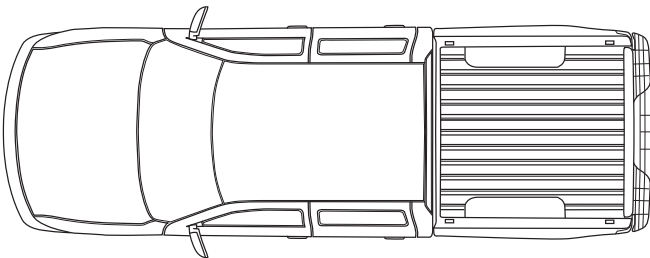
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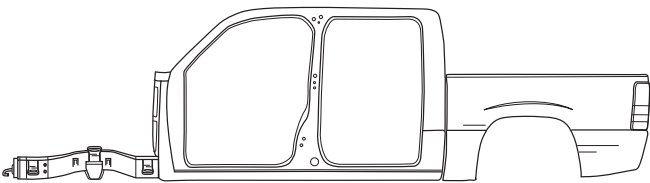
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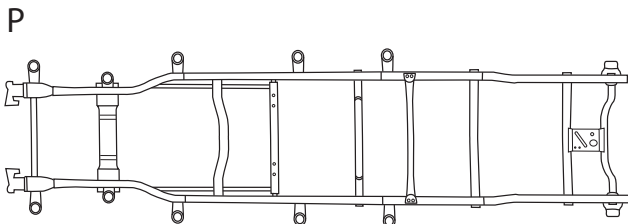
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TOP VIEW



DRIVER SIDE



P  
D  
UNDERBODY VIEW