

*Recycled Parts Request:* **QUAD CAB TRUCK FORM**

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

To: Cumberland Used Auto Parts

From: \_\_\_\_\_

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

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

Phone #: 678-540-5005, Fax 678-505-8350

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

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

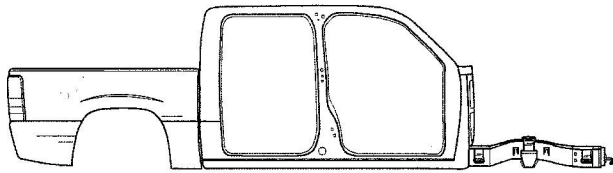
Make: \_\_\_\_\_

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

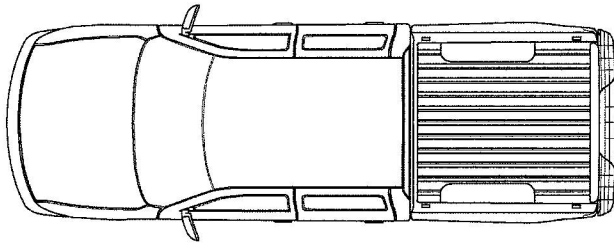
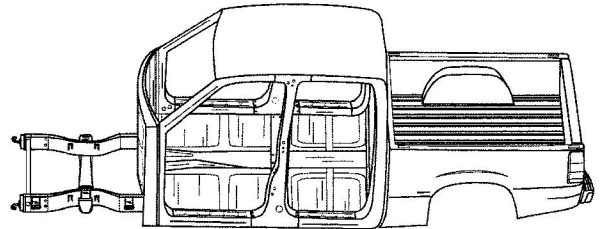
VIN #: \_\_\_\_\_

P.O. #: \_\_\_\_\_

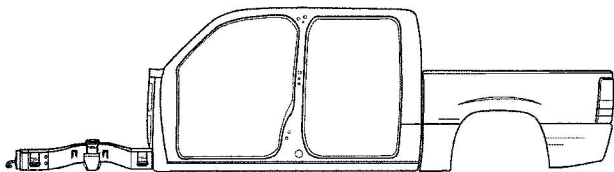
Build Date: \_\_\_\_\_



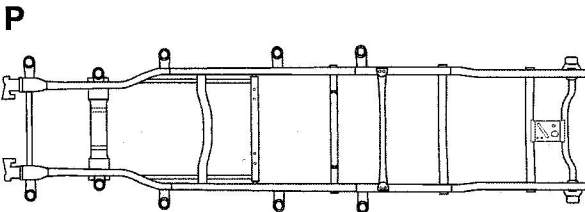
PASSANGER SIDE



TOP VIEW



DRIVER SIDE



P  
D  
TOP VIEW

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

Notes:

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