

**Recycled Parts Request: VAN FORM**

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

To: Cumberland Used Auto Parts \_\_\_\_\_

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

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

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

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

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

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

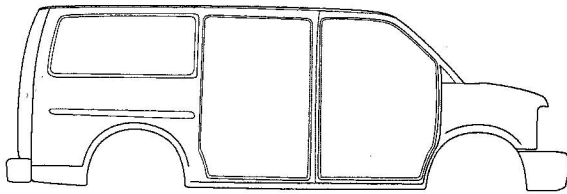
Make: \_\_\_\_\_

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

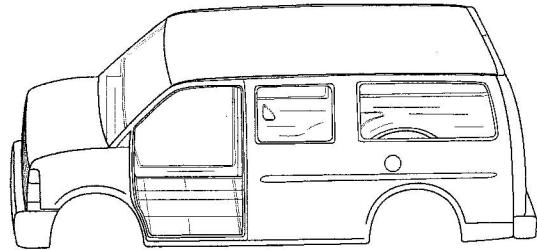
VIN #: \_\_\_\_\_

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

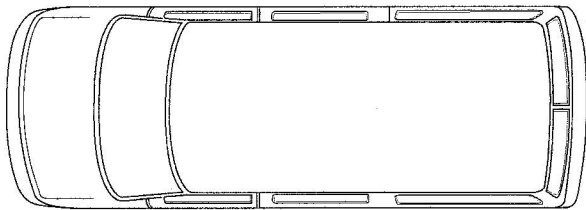
Build Date: \_\_\_\_\_



PASSANGER SIDE

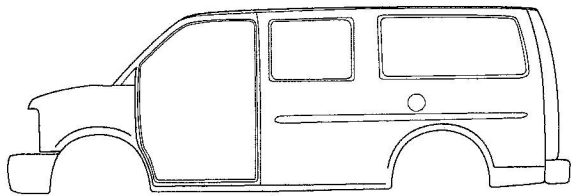


Please use the area below for a detail of cut instructions:

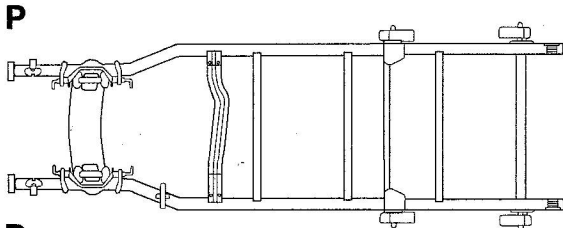


TOP VIEW

Notes:



DRIVER SIDE



TOP VIEW