

# Recycled Parts Request: QUAD CAB TRUCK FORM

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

To: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

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

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

**K&P Auto Dismantlers, Inc.**

From: **Fax Back: 909.428.4139**

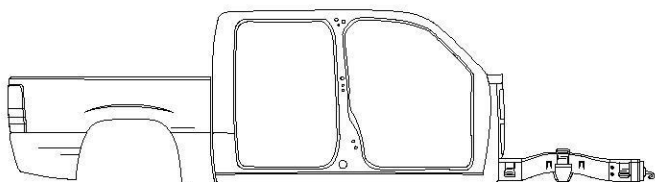
**Phone: 909.428.6898**

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

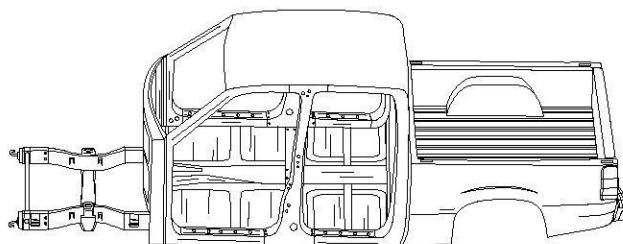
Make: \_\_\_\_\_

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

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



PASSANGER SIDE



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

Notes:

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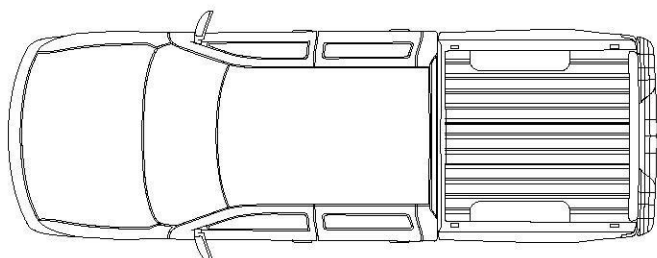
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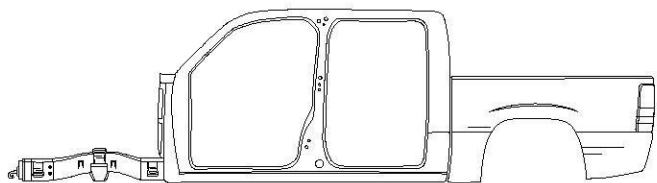
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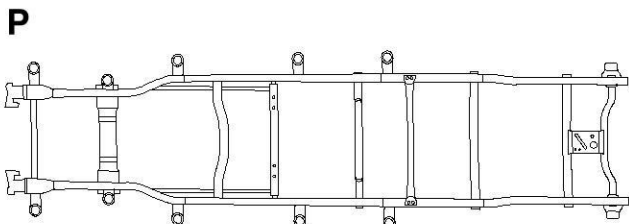
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TOP VIEW



DRIVER SIDE



TOP VIEW