

# East Street AUTOMOTIVE

## QUAD CAB TRUCK FORM

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

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

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

PO #: \_\_\_\_\_

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

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

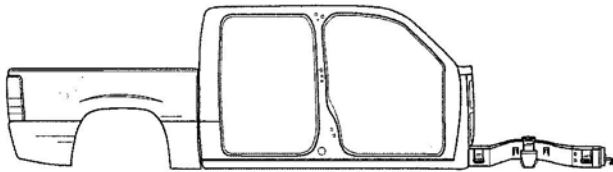
Contact Person: \_\_\_\_\_

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

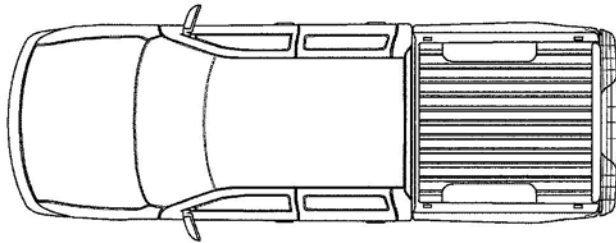
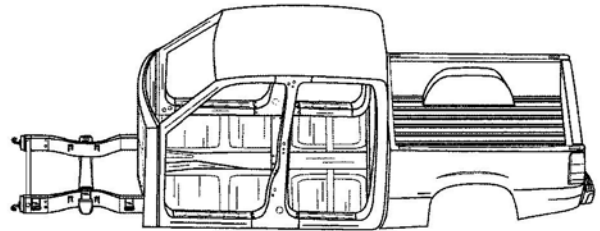
Make: \_\_\_\_\_

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

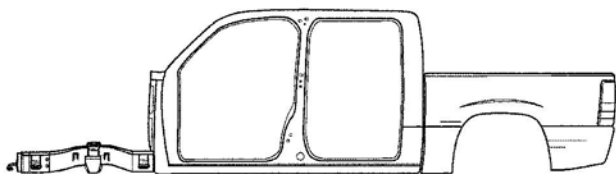
Build Date: \_\_\_\_\_



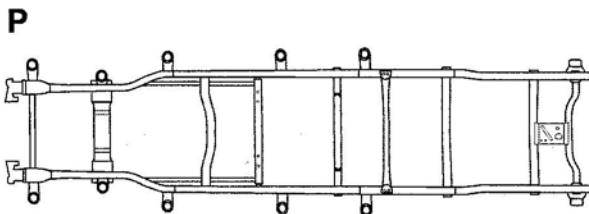
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



P  
D  
TOP VIEW

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

Notes:

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