



AUTO SALES & PARTS, INC.

RECYCLED PARTS REQUESTED: QUAD CAB FORM

Date: _____

To: _____

Contact Person: _____

Phone #: _____

Year: _____

Model: _____

P.O. #: _____

From: _____

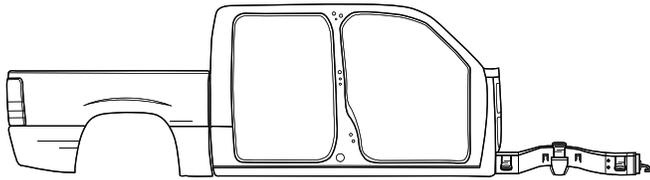
Contact Person: _____

Fax #: _____

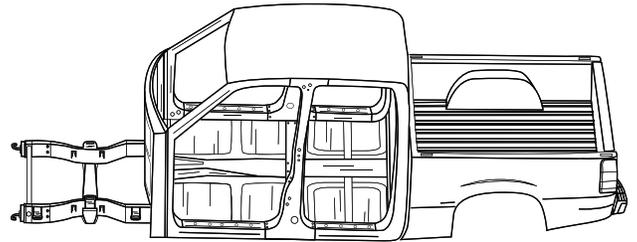
Make: _____

VIN #: _____

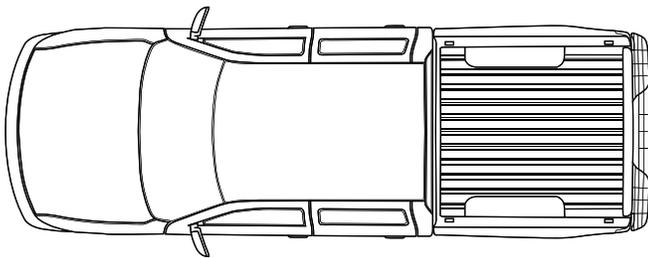
Build Date: _____



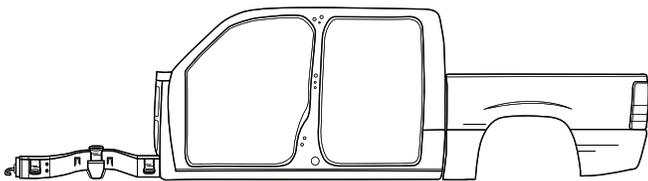
PASSENGER SIDE



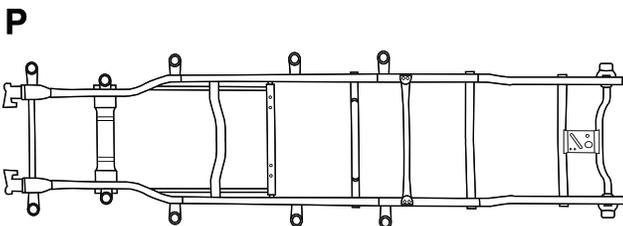
Please use the area below for a detail of cut instructions:



TOP VIEW



DRIVER SIDE



P
D
TOP VIEW

DISCLAIMER

All Cuts are sold as is please sign here to confirm our no return policy
