

A1 Auto Recyclers Quad Cab Cut Sheet

Sales Person: _____ Phone: _____ Work Order: _____

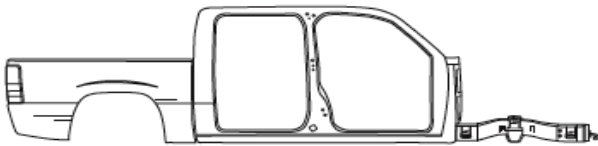


Customer/Shop: _____ Contact Name: _____

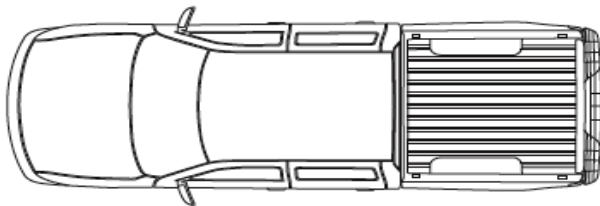
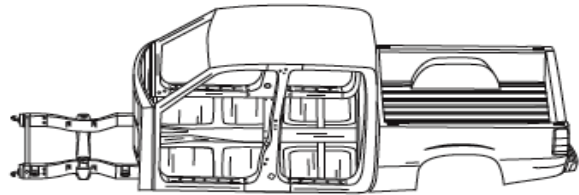
Phone: _____ Fax Number or Email: _____

Year: _____ Make: _____ Model _____ Production Date: _____

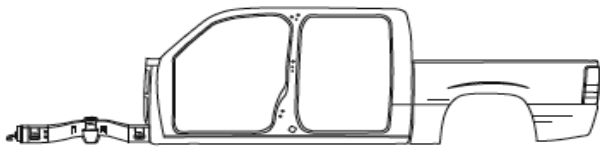
VIN: _____ P.O.#: _____



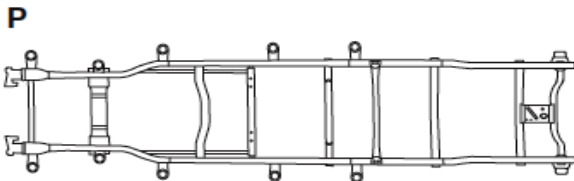
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



D

UNDERBODY VIEW

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

Notes:

Please mark the above cut sheet carefully. Body cuts are a special ordered part and are non-refundable, once the cut is complete the sale is final. By signing below, you are authorizing A1 Auto Recyclers to perform the labor required to provide the requested section of the vehicle.

Name _____ Signature _____ Date _____

Email to A1AUTOKIRTLAND@YAHOO.COM