

## Recycled Parts Request: EXTENDED CAB TRUCK FORM

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

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

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

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

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

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

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

From: Parsons Auto Parts L.L.C

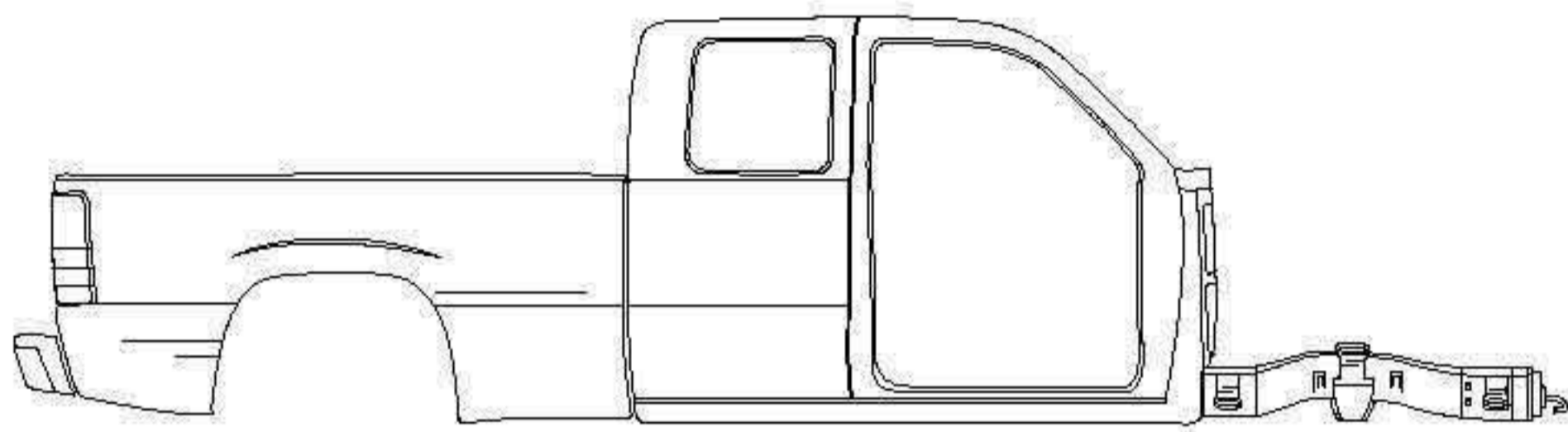
Ph: 614-443-7451 Fax: 614-443-4006

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

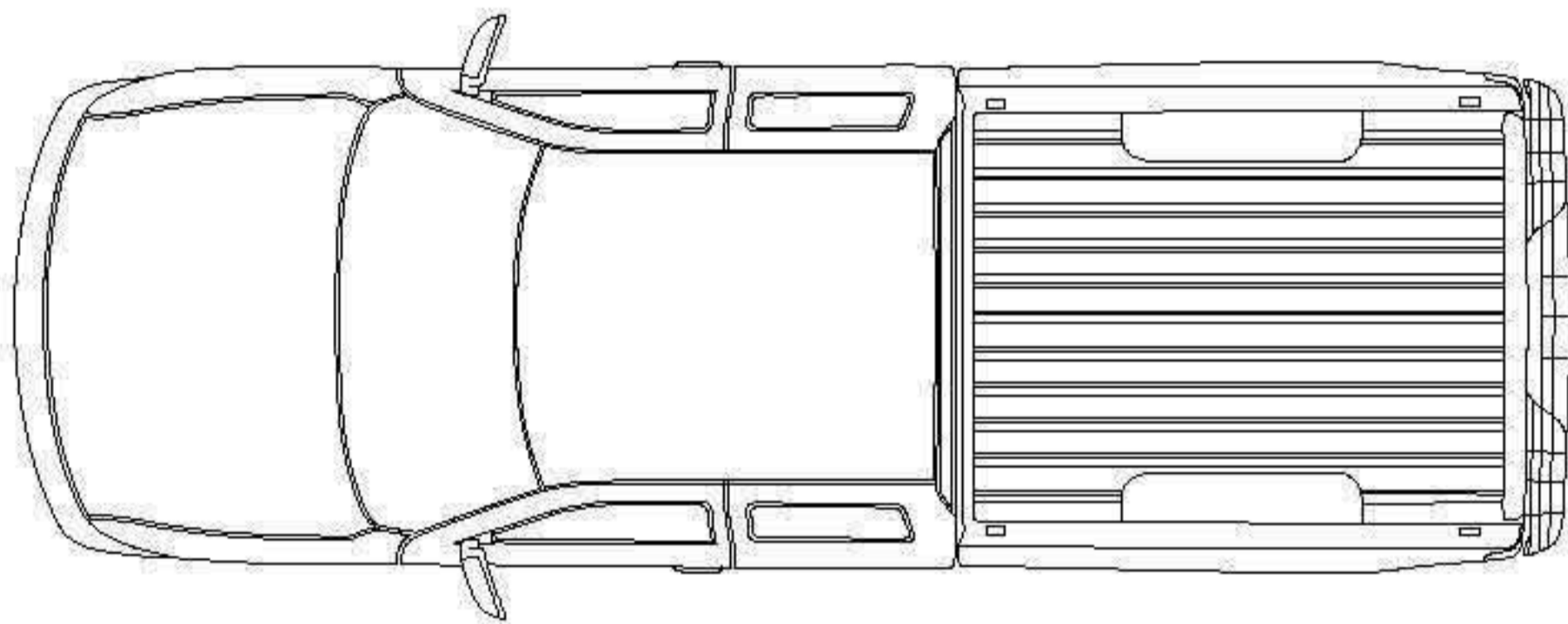
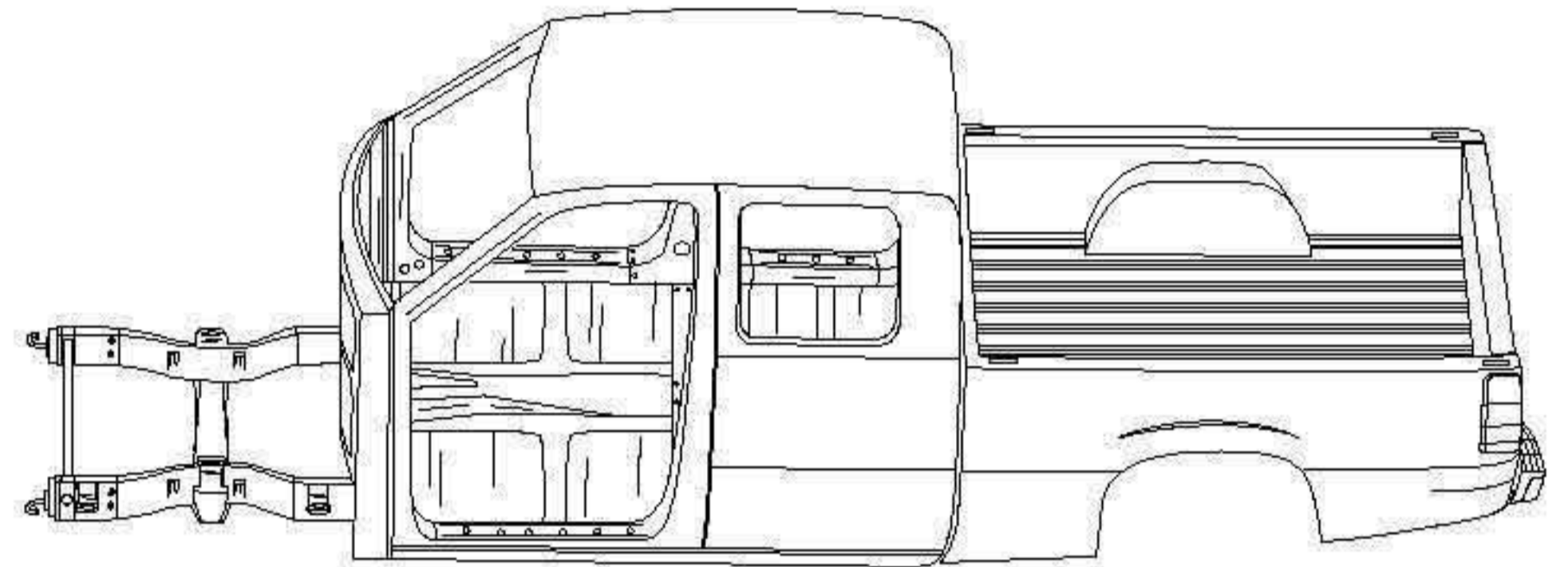
Make: \_\_\_\_\_

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

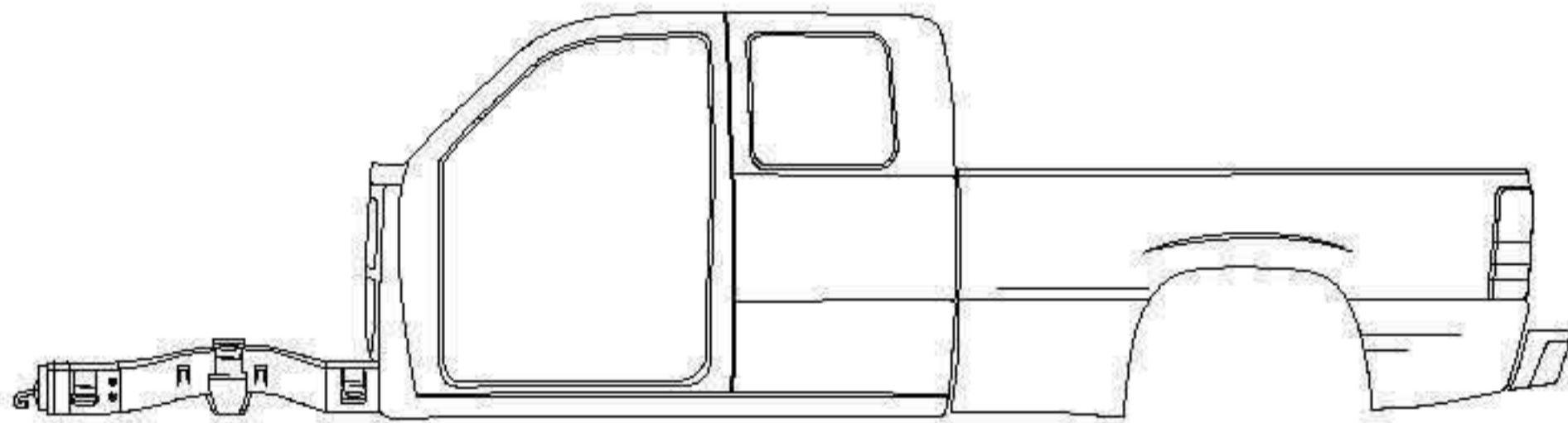
Build Date: \_\_\_\_\_



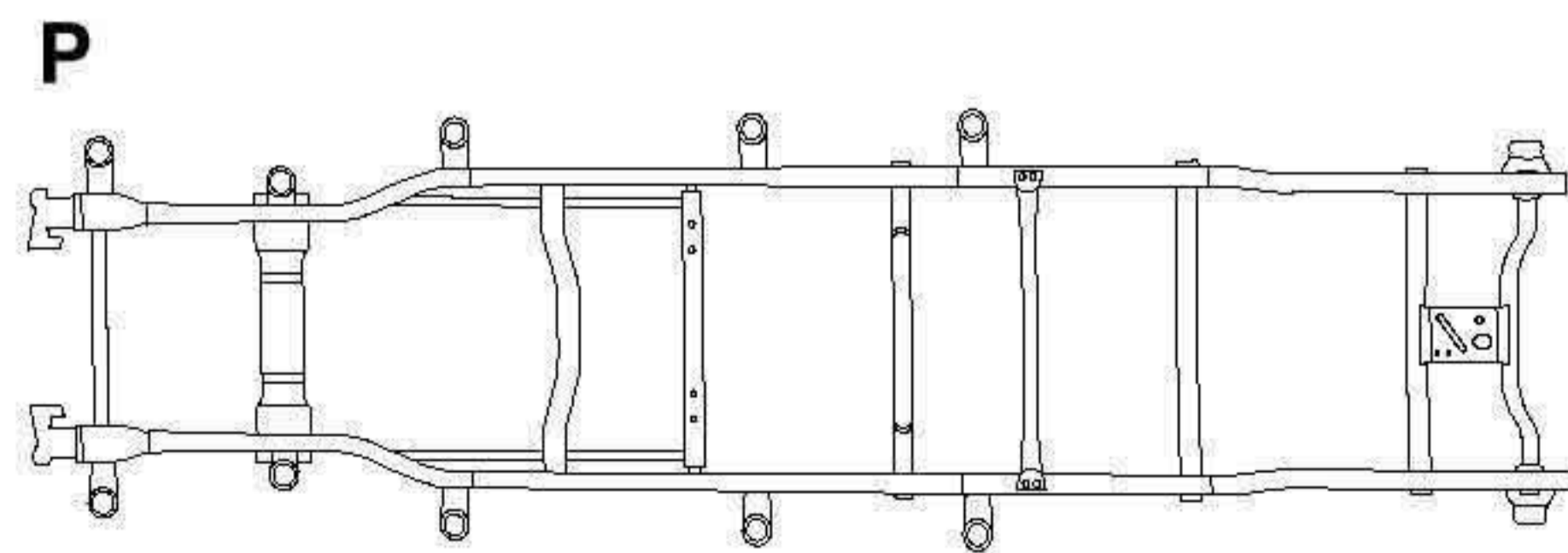
PASSANGER SIDE



TOP VIEW



DRIVER SIDE



**P**  
**D**  
TOP VIEW

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

Notes:

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