

Recycled Parts Request: QUAD CAB TRUCK FORM

Date: _____

To: _____

Contact Person: _____

Phone #: _____

Year: _____

Model: _____

P.O. #: _____

Parsons Auto Parts L.L.C.

From: Address: 2250 Parsons Ave. Columbus OH. 43207

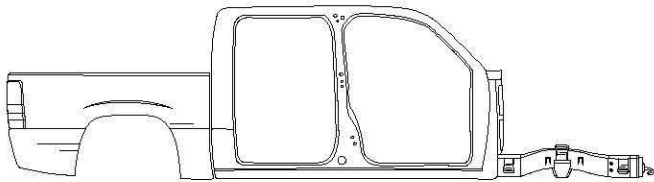
Phone No : (614) 443-7451, (614) 443-7452

Fax #: _____

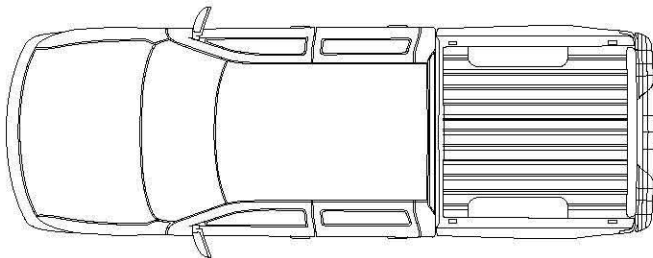
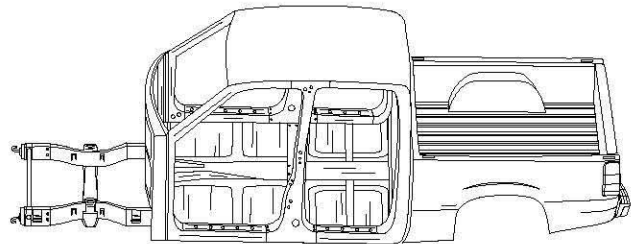
Make: _____

VIN #: _____

Build Date: _____

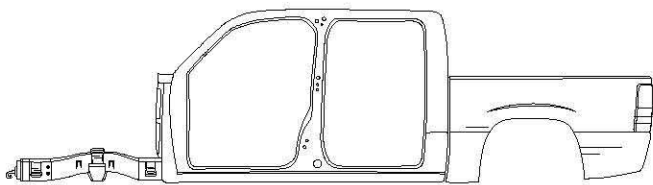


PASSANGER SIDE



TOP VIEW

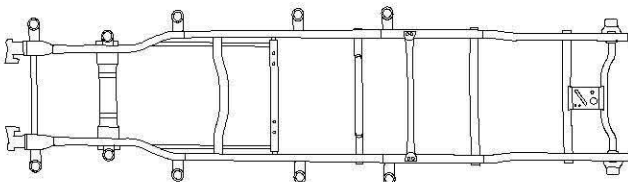
Please use the area below for a detail of cut instructions:



DRIVER SIDE

Notes:

P



D

TOP VIEW