

Recycled Parts Request: QUAD CAB TRUCK FORM

Date: _____

To: _____

Contact Person: _____

Phone #: _____

Year: _____

Model: _____

P.O. #: _____

From: Parsons Auto Parts L.L.C

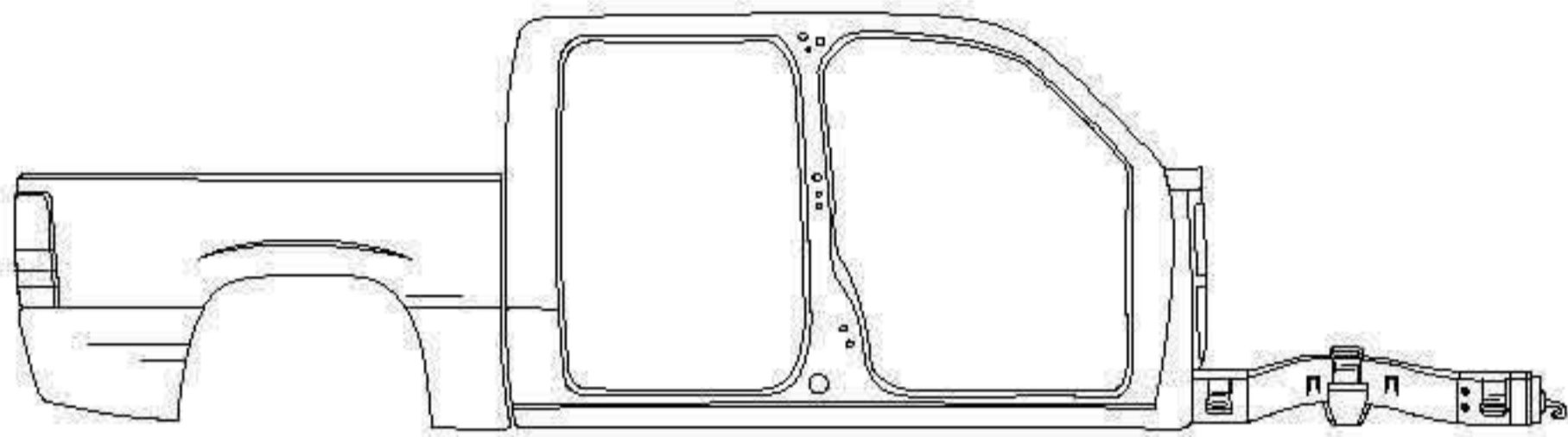
Ph: 614-443-7451 Fax: 614-443-4006

Fax #: _____

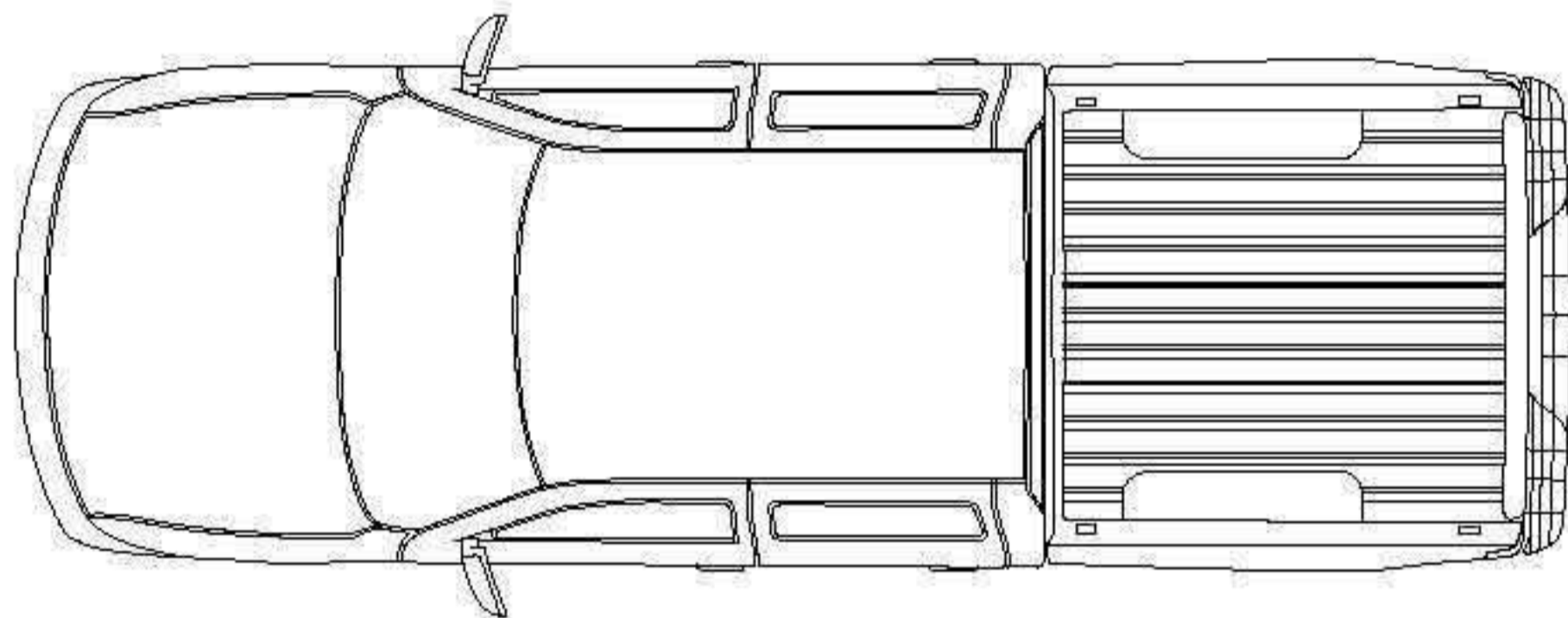
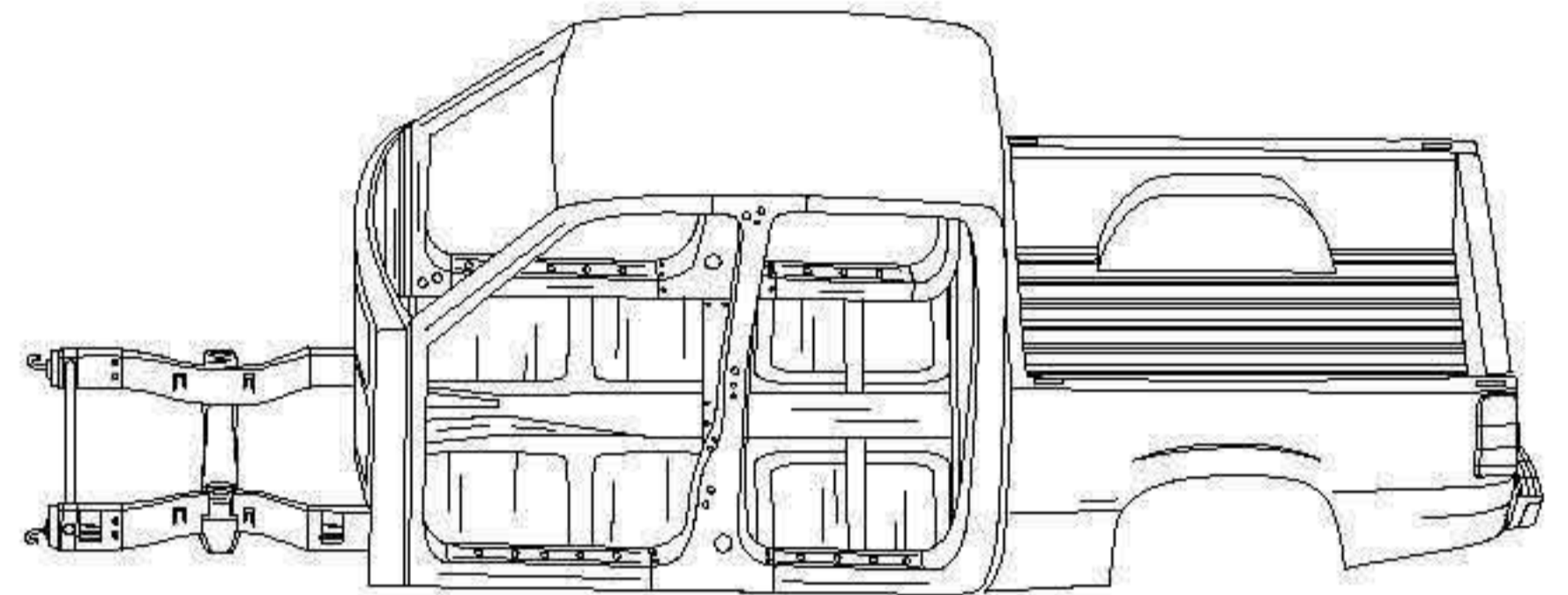
Make: _____

VIN #: _____

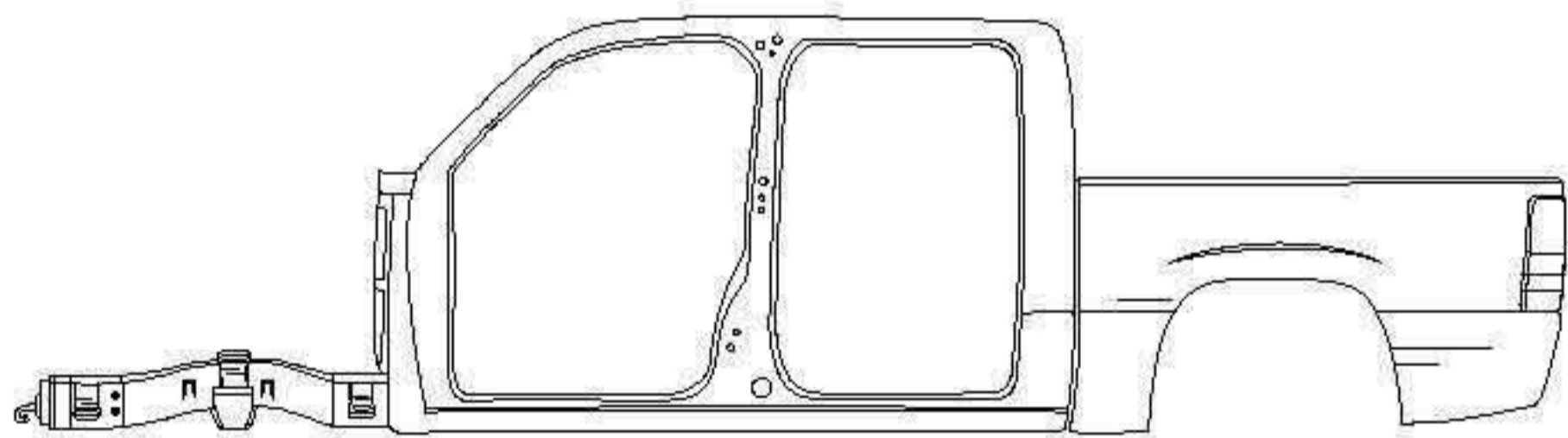
Build Date: _____



PASSANGER SIDE

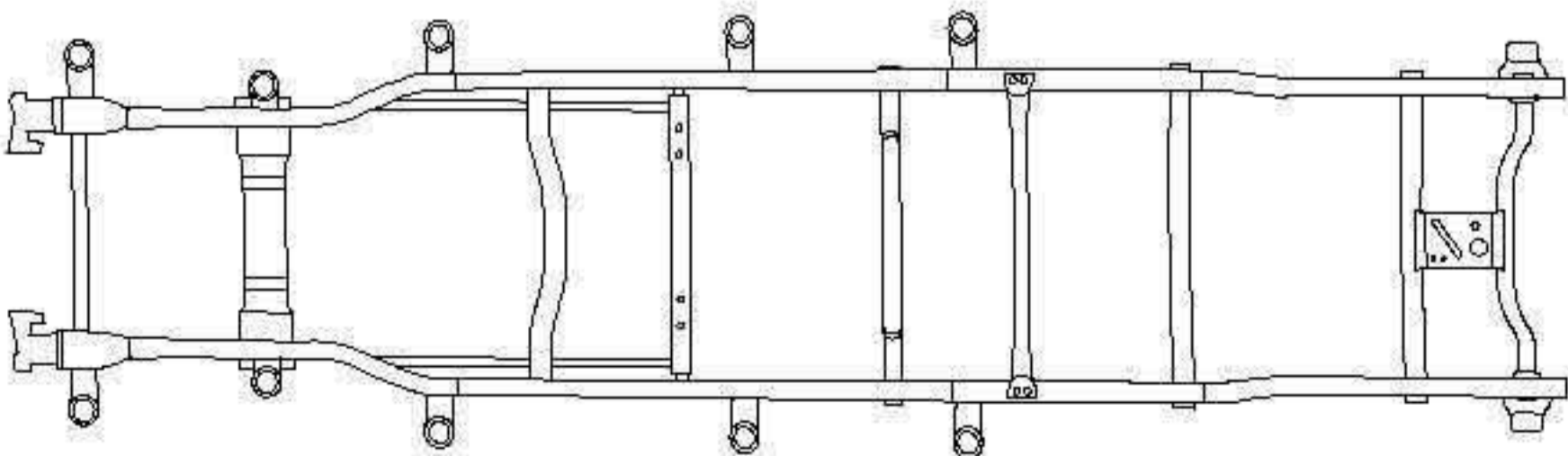


TOP VIEW



DRIVER SIDE

P



D

TOP VIEW

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

Notes:
