

Extended Cab Cut Sheet Phone: Date: Salesperson: Fax # Shop Name: Contact: Phone: Year: Make: PO #: Model: **Directions**: Please make clearly visible lines to ensure proper cut is made. If cut exceeds standard cut lines or description, additional costs may be incurred. If you have any questions please call: 800-735-8464 PLEASE NOTE: BY SIGNING THIS FORM YOU AGREE THAT CUTS ARE SPECIAL ORDERS AND CAN NOT BE RETURNED. THIS CUT WILL NOT BE STARTED UNTIL FORM IS RETURNED Signature: Date: **Standard Post Cut** = 6 inches both directions at top post, halfway through each bottom door opening. **Roof** = Halfway down each post. PASSENGER SIDE 1 **Notes: TOP VIEW** s I I **DRIVER SIDE** Passenger Side **Driver Side** UNDERBODY VIEW