

Quad Cab Truck Cut Sheet

Date: _____ Salesperson: _____ Phone: _____ Fax # _____

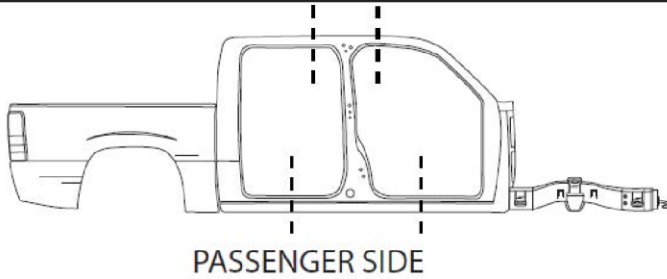
Shop Name: _____ Contact: _____ Phone: _____

Year: _____ Make: _____ Model: _____ PO #: _____

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

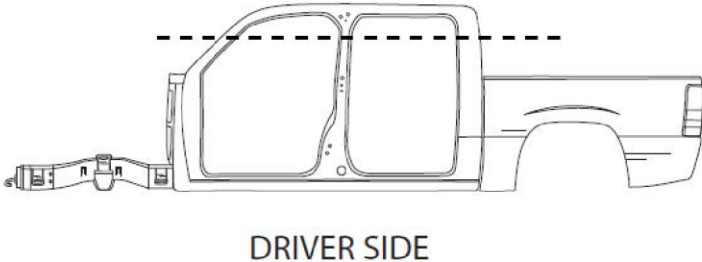
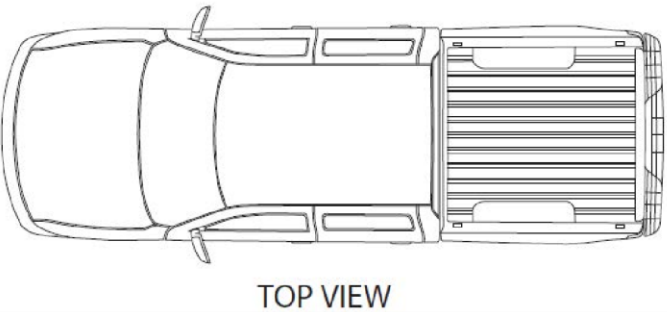
Signature: _____ Date: _____



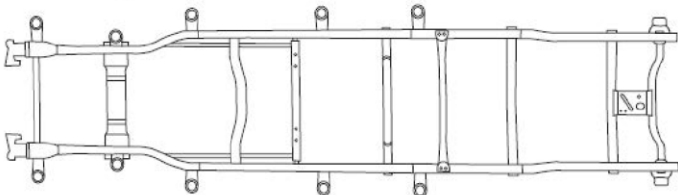
Standard Post Cut = 6 inches both directions at top post, halfway through each bottom door opening.

Roof = Halfway down each post.

Notes:



Passenger Side



Driver Side

UNDERBODY VIEW