

Extended Cab Cut Sheet

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

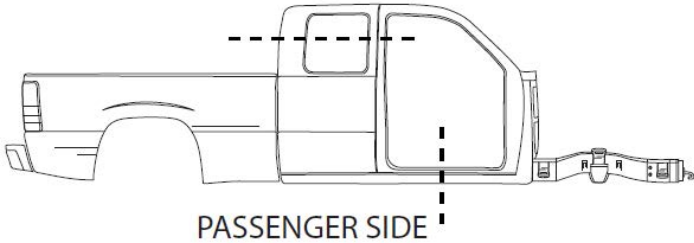
Shop Name: _____ Contact: _____ Phone: _____

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.

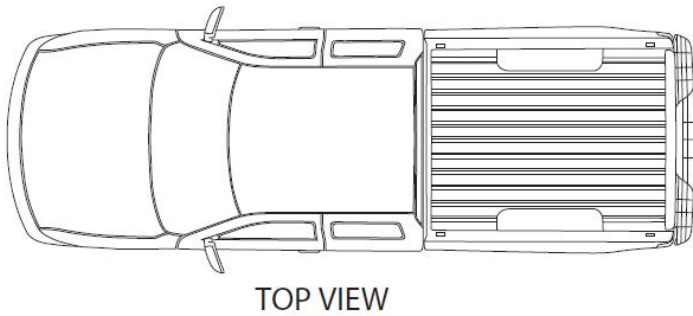
This is a special order item that is subject to a restocking fee if returned. By signing or writing your name below you agree to pay a restocking fee of \$150. The cut will not be started until this form is returned.

Signature: _____ Date: _____



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

Roof = Halfway down each post.



Notes:

