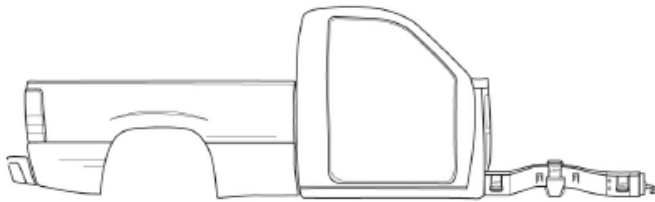


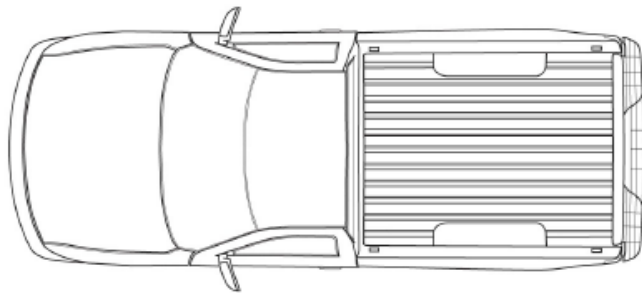
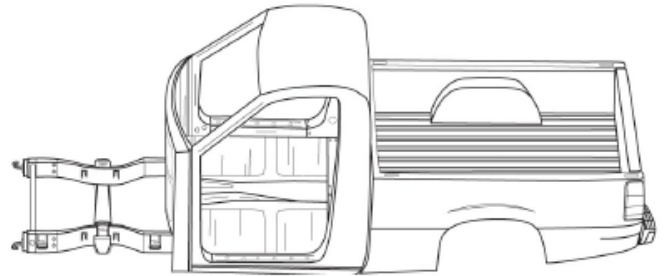
Parts Request: REGULAR CAB TRUCK FORM

To: Pete's Auto Parts
 Contact Person: _____
 Phone #: 616-669-6592
 Year: _____
 Model: _____
 P.O. #: _____

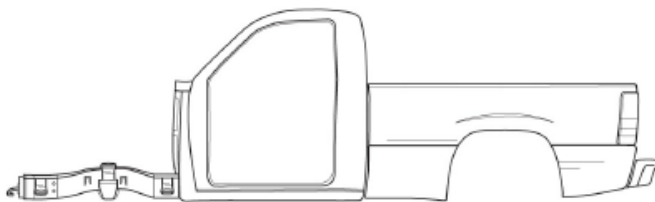
From: _____
 Contact Person: _____
 Email: _____
 Make: _____
 VIN#: _____
 BuildDate: _____



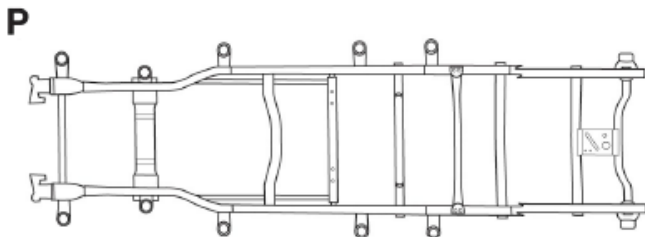
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



D

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

Notes:

Signature:

\$250 non-refundable deposit required

Custom cut sales are not eligible for return.

Any questions? Please text/call 616-669-6592