



To: _____

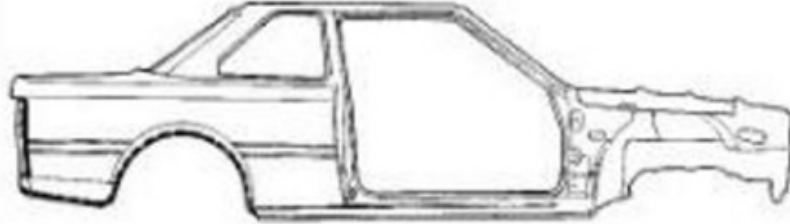
From: _____

Please fax completed cut sheet to:

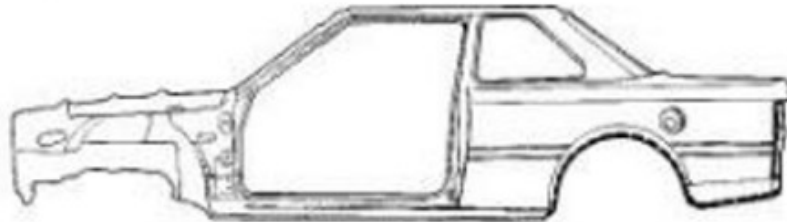
Fax: 610-588-2911

For questions call:

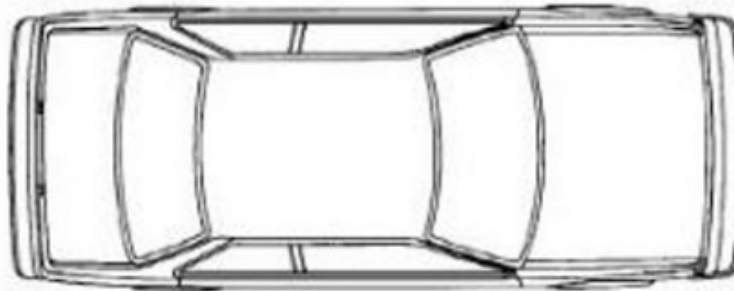
Phone: 610-588-2121



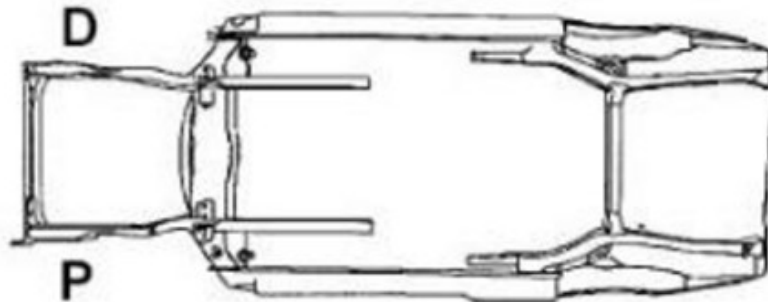
PASSENGER SIDE



DRIVER SIDE



TOP VIEW



BOTTOM VIEW

2 door UniBody form

Year: _____ Make: _____ Model: _____ Signature: _____

Special instructions: