



To: \_\_\_\_\_

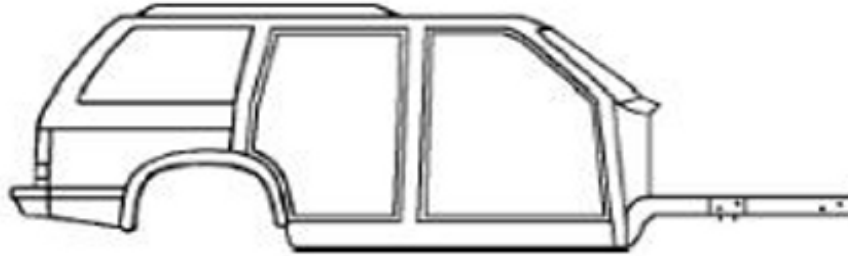
From: \_\_\_\_\_

Please fax completed cut sheet to:

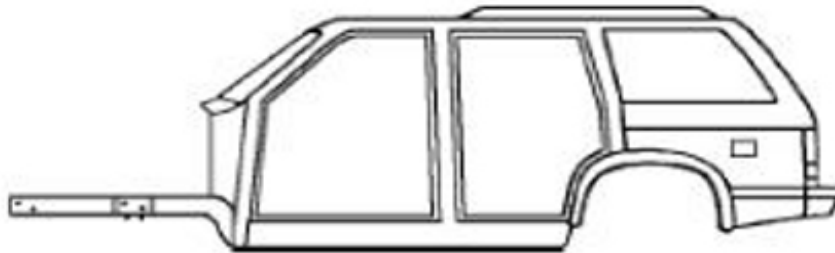
Fax: 610-588-2911

For questions call:

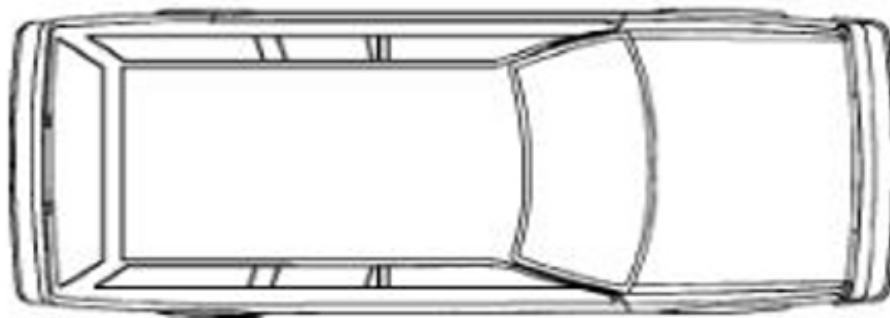
Phone: 610-588-2121



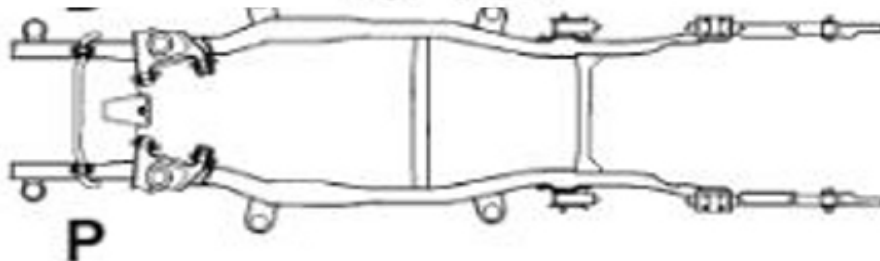
PASSENGER SIDE



DRIVER SIDE



TOP VIEW



BOTTOM VIEW

Utility Vehicle

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Signature: \_\_\_\_\_

Special instructions: