



New Carlisle Auto Parts
Your Licensed Auto Recycler

Please fill out the
cutsheet and fax back to:
937-845-4286

Recycled Parts Request: **MINIVAN FORM**

Date: _____

To: _____

From: _____

Contact Person: _____

Contact Person: _____

Phone #: _____

Fax #: _____

Year: _____

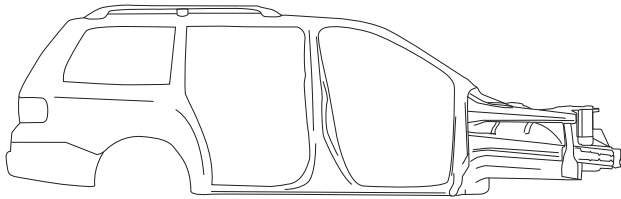
Make: _____

Model: _____

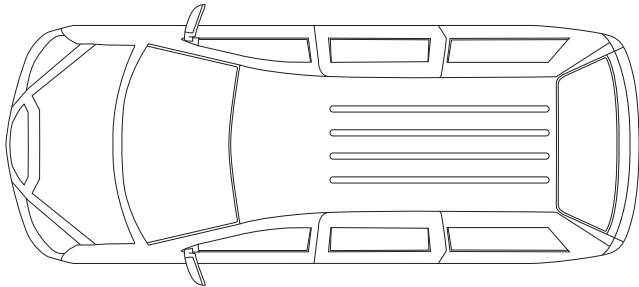
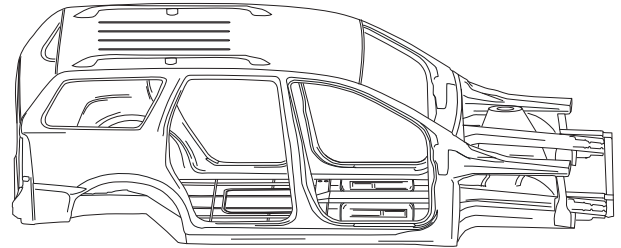
VIN #: _____

P.O. #: _____

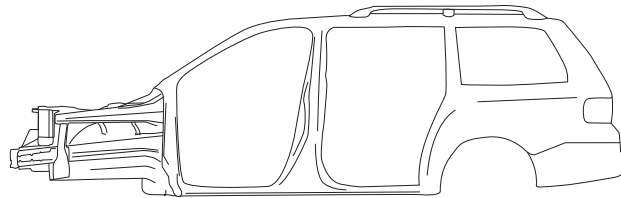
Build Date: _____



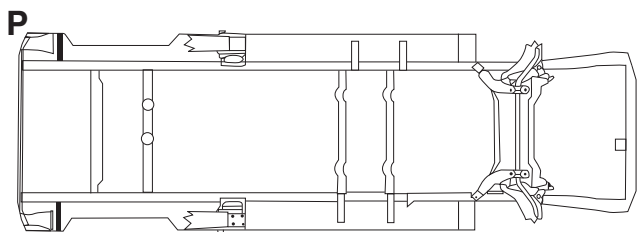
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



D

TOP VIEW

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

Notes:
