



**New Carlisle Auto Parts**  
Your Licensed Auto Recycler

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

**Recycled Parts Request: REGULAR CAB TRUCK**

Date: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Year: \_\_\_\_\_

Model: \_\_\_\_\_

P.O. #: \_\_\_\_\_

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

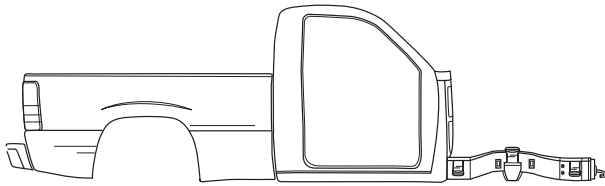
Contact Person: \_\_\_\_\_

Fax #: \_\_\_\_\_

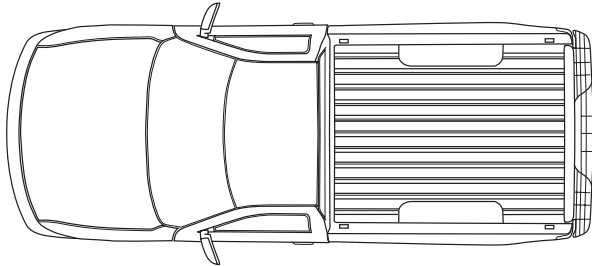
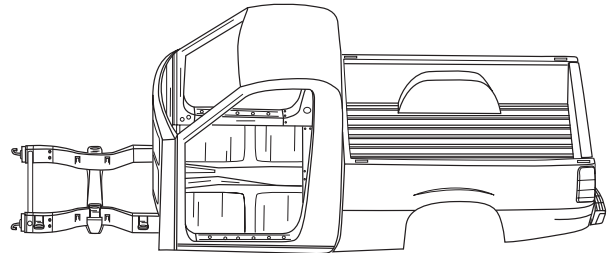
Make: \_\_\_\_\_

VIN #: \_\_\_\_\_

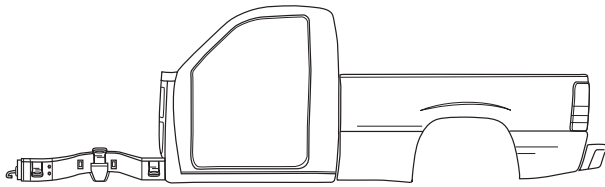
Build Date: \_\_\_\_\_



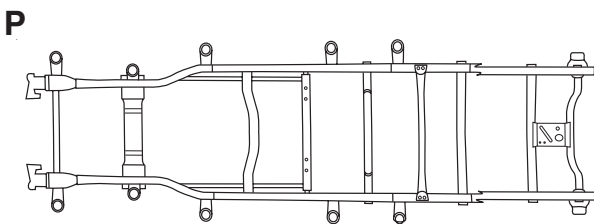
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



TOP VIEW

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

Notes:

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