



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

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

*Recycled Parts Request:* **SPORT UTILITY VEHICLE FORM**

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

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

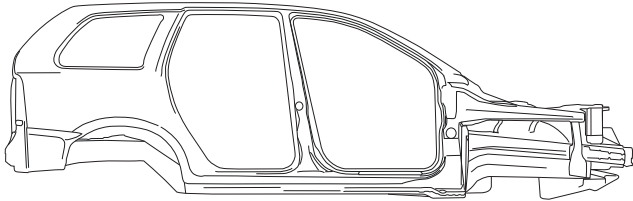
Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

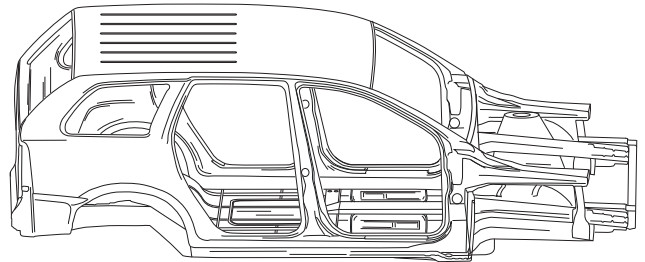
Year: \_\_\_\_\_ Make: \_\_\_\_\_

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

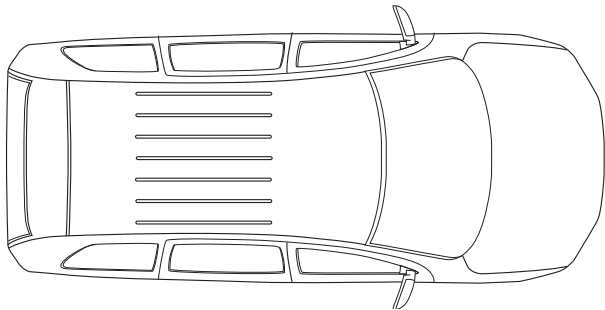
P.O. #: \_\_\_\_\_ Build Date: \_\_\_\_\_



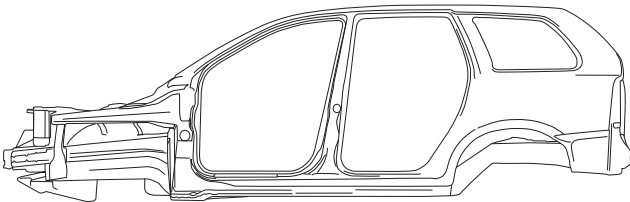
PASSENGER SIDE



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



TOP VIEW



DRIVER SIDE

Notes:

\_\_\_\_\_

\_\_\_\_\_

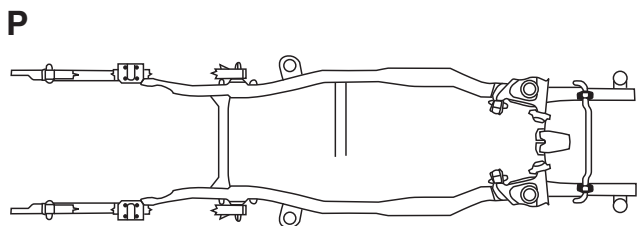
\_\_\_\_\_

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\_\_\_\_\_

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**P**  
**D**  
TOP VIEW