

# QUAD CAB TRUCK CUT SHEET

PLEASE COMPLETE THE INFORMATION BELOW AND MARK VEHICLE IMAGES AT DESIRED CUT POINTS. THANK YOU.



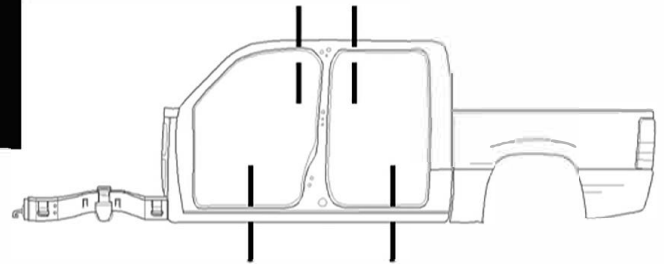
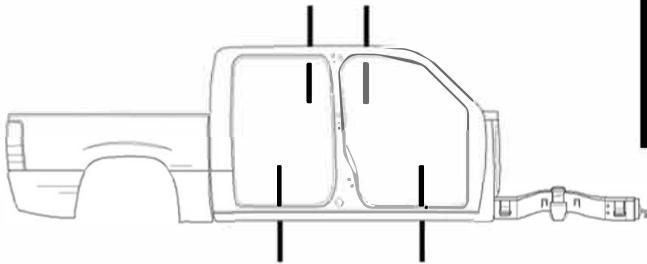
Cornell's Auto Parts, LLC  
62 South Greenfield Rd  
Greenfield Center, NY 12833  
518-893-0151

Date: \_\_\_\_\_ To: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Year: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
CAS W.O. # \_\_\_\_\_ P.O. #: \_\_\_\_\_  
VIN #: \_\_\_\_\_

**PASSENGER SIDE**

**CENTER  
POST  
CUT**

**DRIVER SIDE**

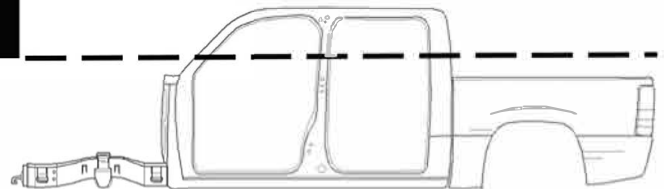
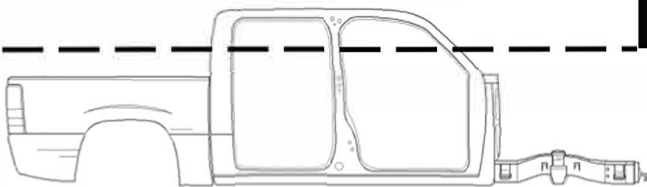


**STANDARD POST CUT = 6 INCHES BOTH DIRECTIONS AT TOP POST, HALFWAY THROUGH EACH BOTTOM DOOR OPENING**

**PASSENGER SIDE**

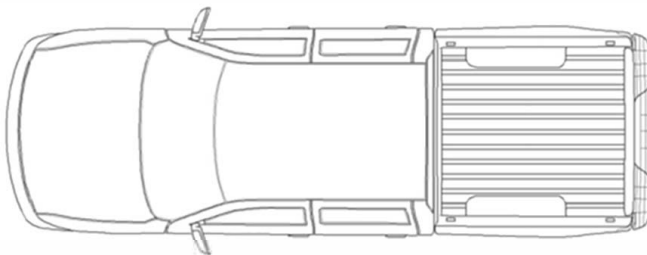
**ROOF  
CUT**

**DRIVER SIDE**



**STANDARD ROOF CUT = HALFWAY DOWN EACH POST**

**MARK THIS PICTURE FOR DEPTH OF CUT**



**\*\*\*PLEASE READ AND SIGN BELOW\*\*\***

CUT PANELS, INCLUDING STANDARD CUTS DESCRIBED ABOVE, ARE LABOR INTENSIVE (CUSTOM CUTS ARE AVAILABE). BE ADVISED, SHOULD YOUR FIRM CHOOSE TO RETURN THIS PART AFTER SIGNING BELOW, THERE WILL BE A FEE OF \$155.00. THIS FEE WILL OFFSET THE COST OF CUTTING AND MANAGEMENT OF THE PART. PLEASE ADVISE INSURANCE COMPANY ACCORDINGLY.

**SIGN BELOW TO APPROVE THE PROCESSING OF THE CUT.**

**NOTES:** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CLIENT

**INDICATE THE DEPTH OF THE CUT INTO THE**

**FLOOR \_\_\_\_\_ INCHES**

**ALL MARKS AND DESCRIPTIONS ARE FOR STANDARD CUTS. THIS SHEET IS TO BE MARKED BY SHOP WITH ALL CUT**