Sales Person: Phone: Work Order: _____



Customer/Shop:		Cor	ntact Name:
Phone: Fax Number or Email:			er or Email:
Year: Ma	ake: N	/lodel	Production Date:
VIN:			P.O.#:
	PASSENGER SIDE		
	TOP VIEW		Please use the area below for a detail of cut instructions:
	DRIVER SIDE		Notes:
P			
	UNDERBODY VIEW		

Please mark the above cut sheet carefully. Body cuts are a special ordered part and are non-refundable, once the cut is complete the sale is final. By signing below, you are authorizing Mendoza Auto Dismantling to perform the labor required to provide the requested section of the vehicle.

Name______ Signature_____ Date____

Fax back to (661)-833-6648 email fabian@Mendozaauto.com