

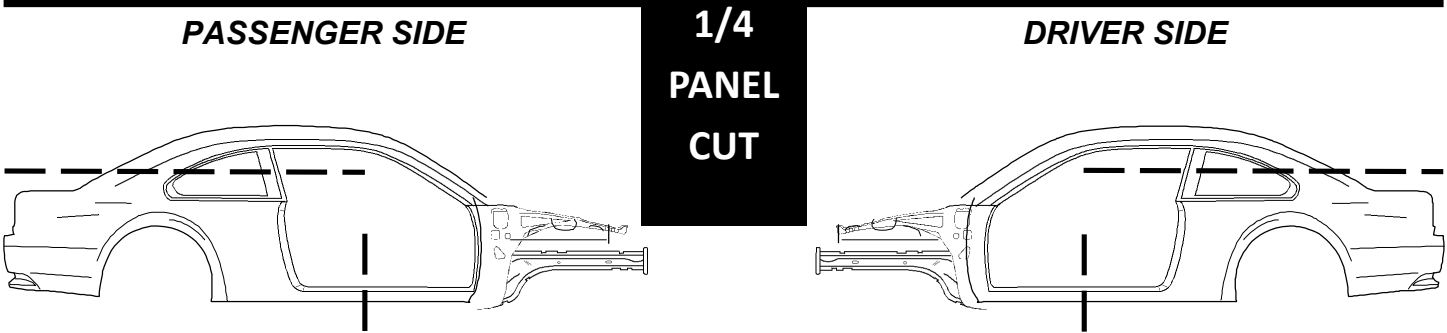
# 2—DOOR UNIBODY CUT SHEET



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

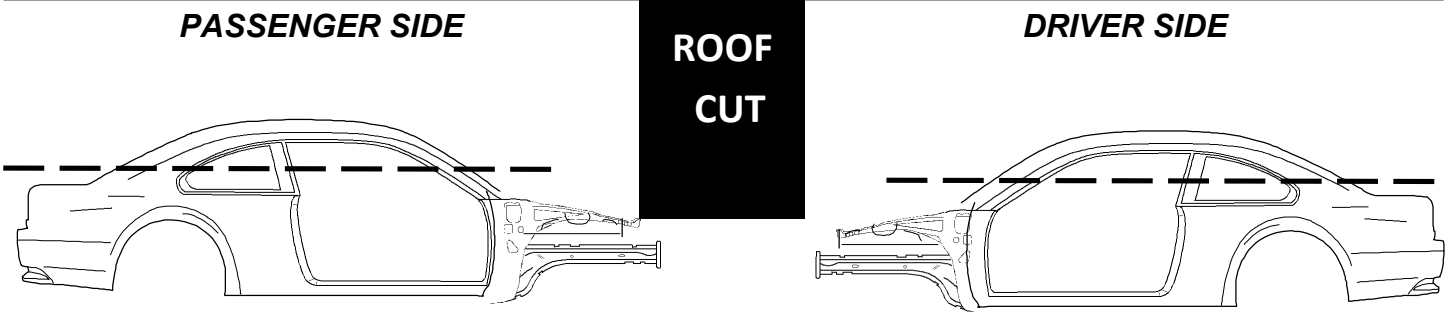
6867 Boyertown Pike,  
Douglassville, PA 19518  
(484) 925-1099 • Fax (484) 388-5090  
Toll Free-877-877-6699

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



**1/4  
PANEL  
CUT**

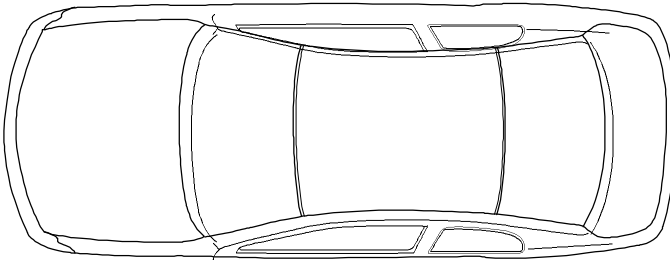
**STANDARD 1/4 PANEL CUT =  
HALFWAY DOWN THE SAIL PANEL AND HALFWAY THROUGH EACH BOTTOM DOOR OPENING.**



**ROOF  
CUT**

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

**MARK THIS PICTURE FOR DEPTH OF CUT**



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

**\*\*\*PLEASEREADANDSIGNBELOW\*\*\***

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.**

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

INDICATE THE DEPTH OF THE CUT INTO THE  
 FLOOR \_\_\_\_\_ INCHES