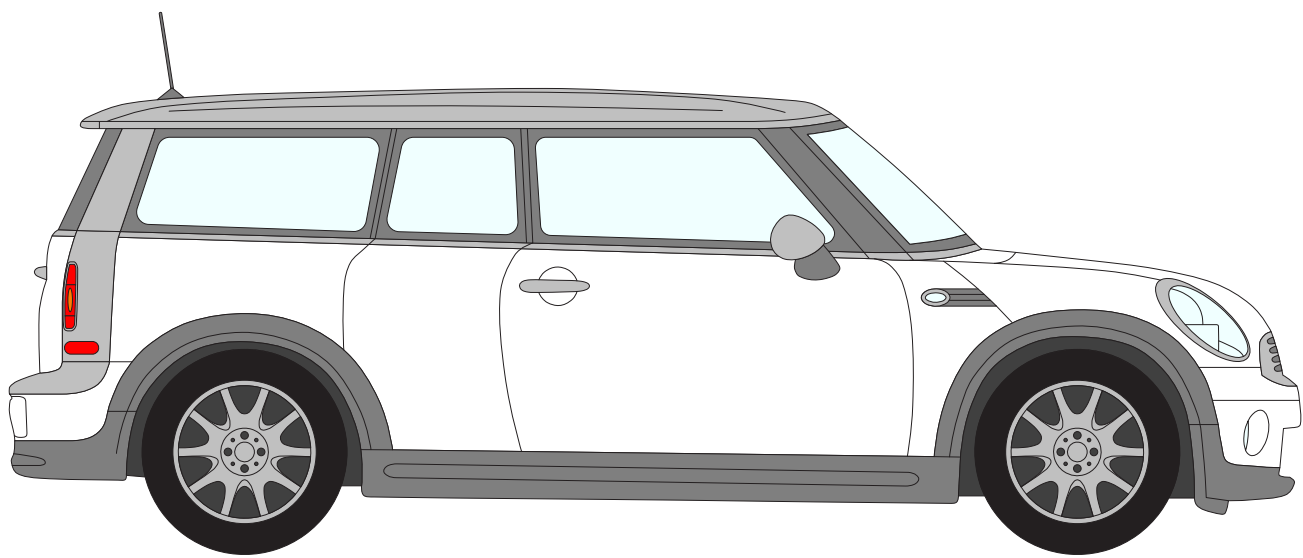
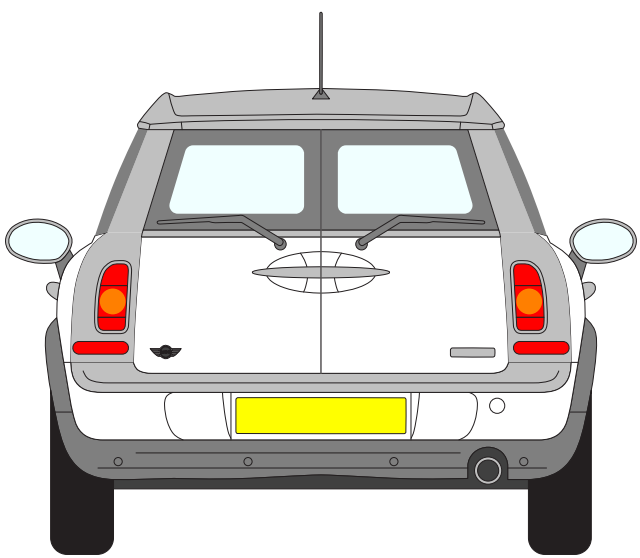
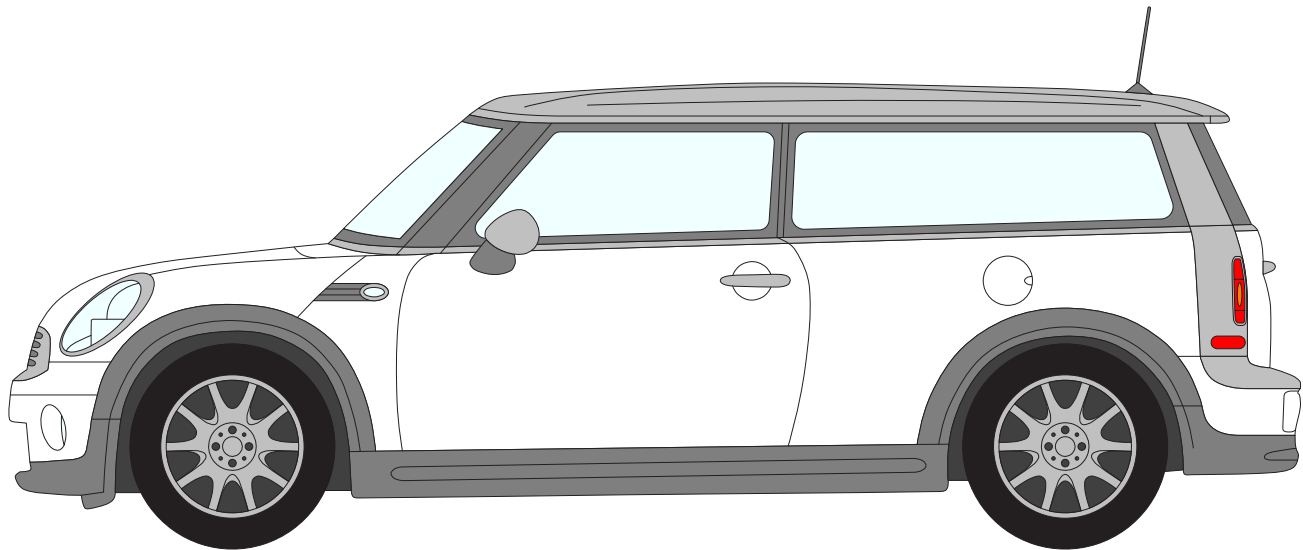
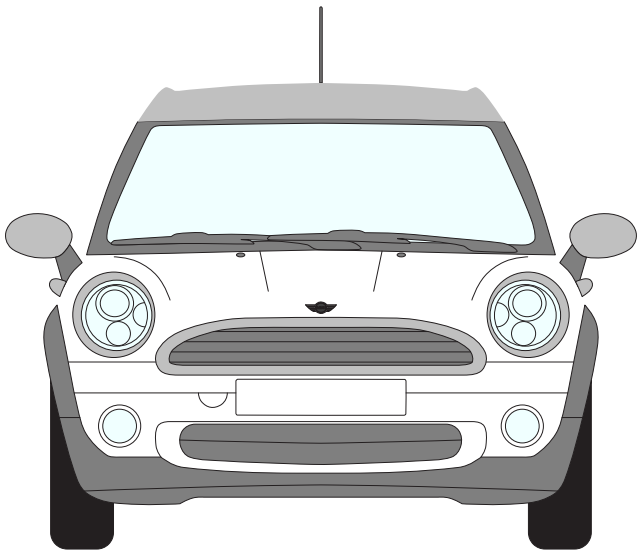


Company Name		Contact Name		Tel No:	
Make & Model:		Vehicle Colour:		Email:	



Please Indicate	X
Swb	
Mwb	
Lwb	
Low Roof	
Med Roof	
High Roof	
Rear Win	
Crew Cab	

