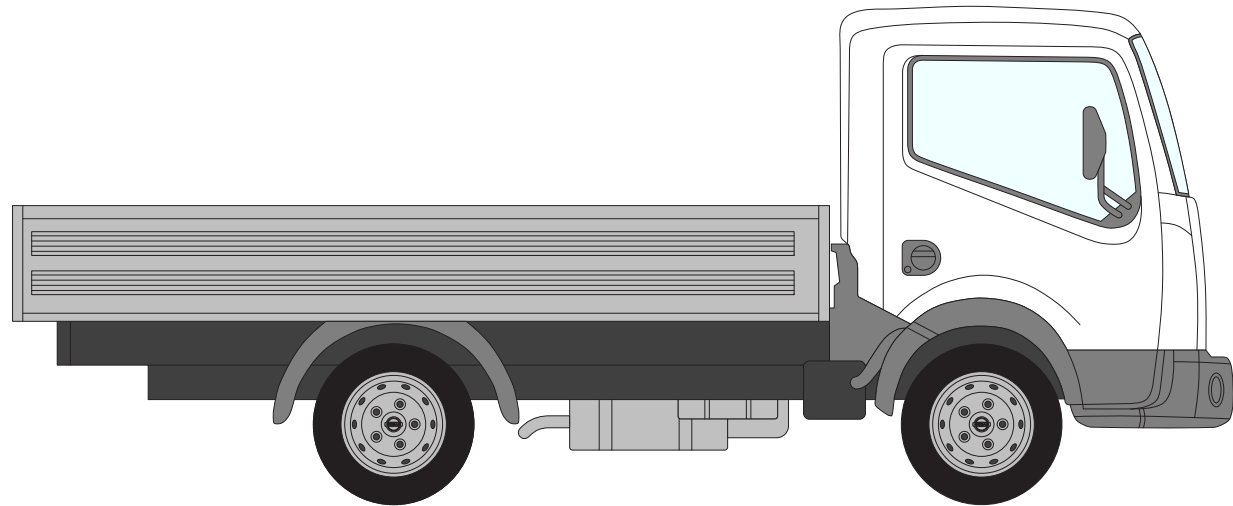
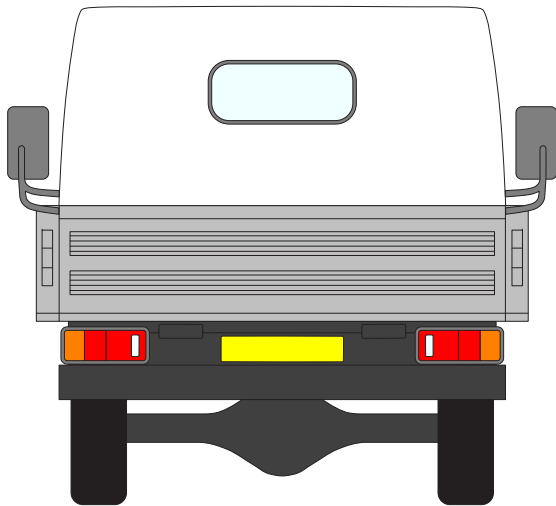
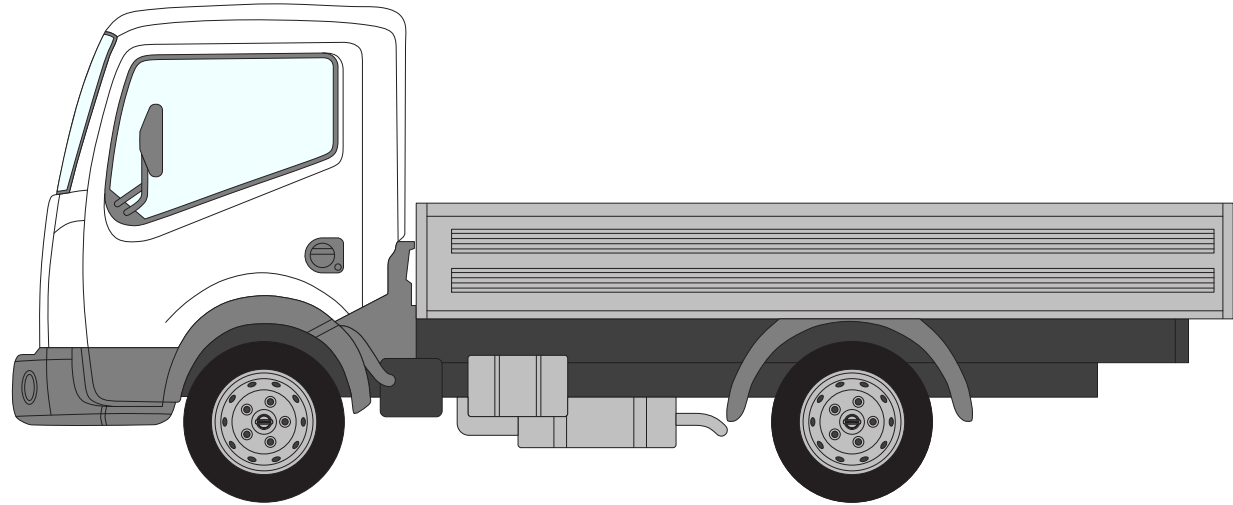
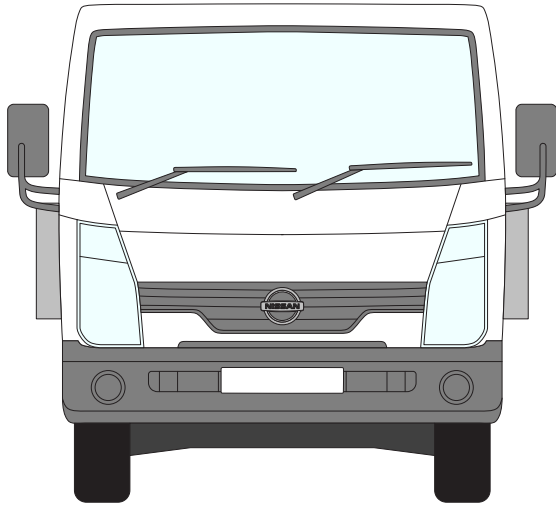


Company Name	Contact Name	Tel No:
Make & Model:	Vehicle Colour:	Email:



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