



## Sports Utility Vehicle Repair Form

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To: \_\_\_\_\_ From: \_\_\_\_\_ Company: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN #: \_\_\_\_\_ Production Date: \_\_\_\_\_

Stock/Job#: \_\_\_\_\_

Parts/Notes: \_\_\_\_\_

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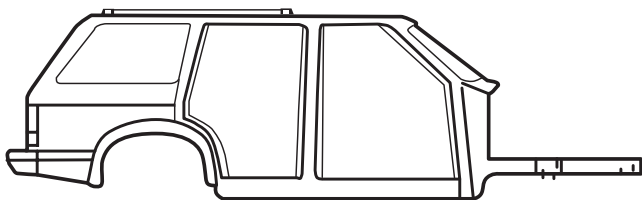
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**Body Style:**  2-Door  4-Door

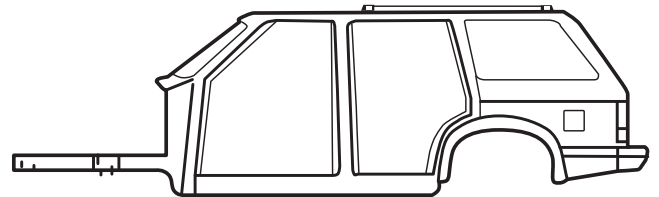
**Engine:**  4 cylinder  6 cylinder  8 cylinder

**Transmission:**  Automatic  Standard

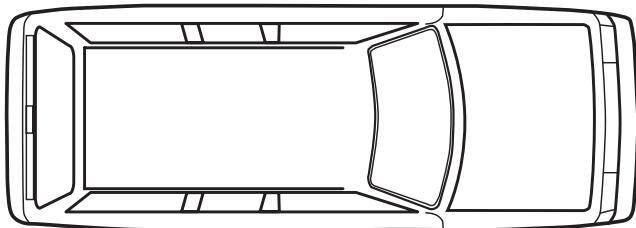
**Fuel:**  Gas  Turbo  Diesel



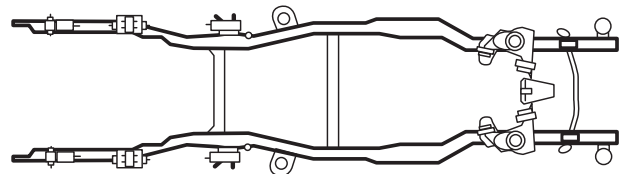
Passenger Side



Driver Side



Top View



Bottom View