

Pick-Up Truck Cap & Topper Side Glass Replacement Sheet

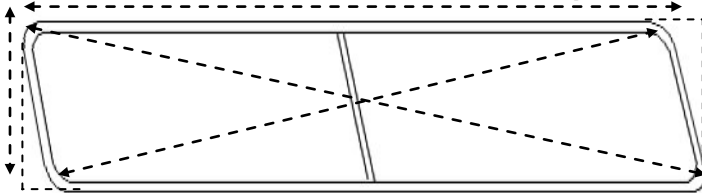
For everyone's benefit, please fill out this form entirely. Missing information and blank spaces will result in the delay of your glass order!

Year and make of vehicle _____ Cap mfg. _____

Serial number from cap (info may be found on the rails or the ceiling) _____

Location of window: passenger side Window is a: 1/2 slider 1/3 slider
driver side solid pop out * See below

Measure the outside frame dimensions, width and height. If the window is double angled these measurements must be squared off as shown in the drawing below.



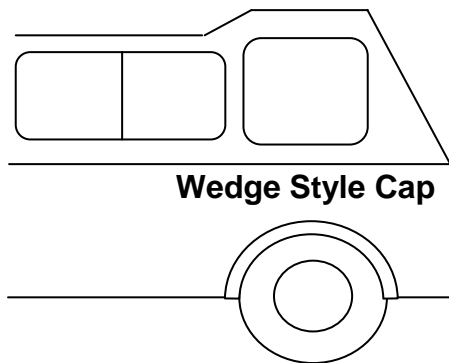
Height _____	Diagonals _____
Width _____	_____

DOT # from glass _____ Color of frame: Black Silver/aluminum

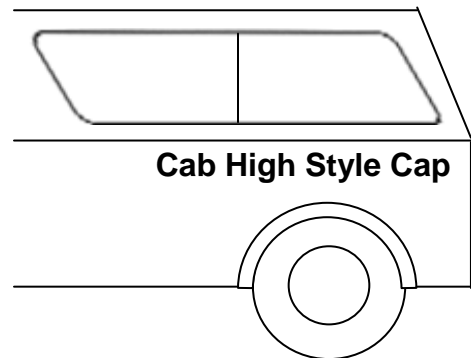
Tint of glass: Dark tint
Light tint
Clear Outside corners are: Radius (rounded)
Mitered (square)
Both

If outside window corners are **BOTH** radius and mitered, please indicate on the above drawing which corners are radius and which are mitered. Place a letter "R" in the radius corners and the letter "M" in the mitered corners.

Is the cap: fiberglass aluminum Please circle your cap style from the two drawings below:



Is vehicle a:
Long bed
or
Short bed?
(circle your choice above)



* If this is a pop-out glass, please answer the following:

Is there fiberglass between the two pieces of glass? Yes No If not, measure the entire window.

How many of the glass pieces pop out? _____

Is there a frame around the pop-out pieces or are they frameless? Framed Frameless

How many holes on glass? _____

Name of Insured: _____

Upon completion, please fax this sheet to MELANIE at 574-294-6472. If you have any questions, call 800-551-9149 extension 2029. Thanks!