

# ONLINE ENQUIRY FORM FOR REPLACEMENT SHEETS

MAKE OF BODY

.....

YEAR OF MANUFACTURE OF BODY

.....

BODY NUMBER (USUALLY ON THE FRONT CORNER OF THE BODY OR ON THE CHASSIS)

.....

COLOUR OF SHEET REQUIRED IF NOT THE SAME AS EXISTING SHEET

.....

IS THE SHEET TO BE FITTED BY US OR SUPPLIED IN KIT FORM

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ARE OTHER SPARE PARTS REQUIRED WITH THIS REPLACEMENT SHEET?

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PHONE NUMBER

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COMPANY NAME

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CONTACT NAME

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DELIVERY ADDRESS IF THE SHEET IS TO BE SUPPLIED IN KIT FORM

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