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REQUEST for SERVICE

CUSTOMER: _____ **Date:** _____ **PO#:** _____

Company Name

(for aircraft maintenance centers): _____

Your Name: _____

Shipping Address (line 1): _____

Shipping Address (line 2): _____

City: _____ State: _____ ZipCode: _____

Country: _____ Phone: _____

Fax: _____ E-mail: _____

PAYMENT by: ☐ C.O.D. ☐ Check ☐ Call For Payment ☐ Credit Card*:

*Credit Card Number: _____

Expiration _____ CVV _____

Credit Card Billing Address: (If same as shipping address, check here [☐].)

Billing Address: _____

City: _____ State: _____ ZipCode: _____

SHIPPING: ☐ GROUND ☐ 2-DAY ☐ OVERNIGHT ☐ CALL WHEN DONE

INSTRUMENT INFORMATION:

INSTRUMENT #1

Model #: _____

Part #: _____

Serial #: _____

Purchase Date: _____

Description of problem: _____

INSTRUMENT #2

Model #: _____

Part #: _____

Serial #: _____

Purchase Date: _____

Description of problem: _____

Please print, fill in blanks as needed, and send with your instrument(s).