Flight Systems Industrial Products





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Account # ___

	Quote #				
Flight Systems Industrial Please fill out the requested information so we ma Please enclose a copy of this form with each of	ay process your order	with more	accuracy		
Company Name:	_	Date:			
Contact Person:	_ Bill to Address:	S	Same as S	Ship to Ac	ldress
Ship to Address:	_ _				
Phone: Fax:	_	Email:			
Return Shipping Method: *UPS Ground will be used if no shipping method: UPS GROUND UPS Blue (2 days)			od is selected* UPS Red (1 day)		
Enhance your 1-year w For an additional \$30.00, Reman Extra covers up to \$20 replaced under warranty. Reman Extra is non-re	0.00 of travel & labor tim	ne on FSIP p			ed or
Your Purchase Order # or Reference # (REQUIRE	ED)			included w ceived as th	
Part Number Vehicle Make Vehicle	Model Vehicle S	Serial #	Qty	Reman	Extra
1 >Failure Symptom:				Υ	N
2 >Failure Symptom:				Υ	N
3				Υ	N
>Failure Symptom:				Υ	
>Failure Symptom:				V	
5 >Failure Symptom:				Υ	N

Use back side of sheet if additional space is required

>Failure Symptom: _____

*All warranty returns <u>must</u> be accompanied with an RMA (Return Material Authorization).