



A.O.G. SERVICE REQUEST

CUSTOMER INFORMATION	
Bill To: (Name and Address)	Ship To: (Name and Address)
Point of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Fax	Return Shipping: <input type="checkbox"/> Account # _____ <input type="checkbox"/> Pre Pay + Add <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> 2 Day <input type="checkbox"/> Overnight Standard <input type="checkbox"/> Overnight Priority
Phone Number:	
Fax Number:	
Email Address:	
Method of Payment: <input type="checkbox"/> CC <input type="checkbox"/> COD <input type="checkbox"/> Terms P.O. # _____ (Approved Account Required)	

COMPONENT TO BE EVALUATED		
Make:	Model:	Serial #:
Discrepancy:		
Work Requested:		
<ul style="list-style-type: none"> * Evaluation is \$95 in addition to repair total. * This A.O.G. service request must be faxed to Capital Avionics so that we can begin to process the service. Upon acceptance of the request, a Repair Order will be sent to you verifying our ability to test your unit the following day. Please include a copy of this Repair Order with the unit to be repaired. * A.O.G. unit must come to Capital Avionics via FedEx or UPS N.D.A. <p>Note: The component will be returned by the same shipper and method as it was received unless directed otherwise (typically UPS or FedEx).</p>		

X _____
(Customer Signature)

(Date)