



COMPONENT REPAIR REQUEST

<i>CUSTOMER INFORMATION</i>	
Bill To: (Name and Address)	Ship To: (Name and Address)
Point of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Fax	Return Shipping:
Phone Number:	<input type="checkbox"/> Account # _____ <input type="checkbox"/> Pre Pay + Add
Fax Number:	<input type="checkbox"/> UPS <input type="checkbox"/> FedEx
Email Address:	<input type="checkbox"/> 2 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> GRD
	<input type="checkbox"/> Overnight Standard <input type="checkbox"/> Overnight Priority
	<input type="checkbox"/> FedEx Express Saver
Method of Payment: <input type="checkbox"/> CC <input type="checkbox"/> COD <input type="checkbox"/> Terms P.O. # _____ (Approved Account Required)	

<i>COMPONENT TO BE EVALUATED</i>		
Make:	Model:	Serial #:
Discrepancy:		
Work Requested:		

X _____
(Customer Signature)

(Date)

Capital Avionics, Inc.
Phone: 850-575-4028
Fax: 850-575-7441

www.capitalavionics.com

3701 Hartsfield Road
Tallahassee, Florida 32303
FAA CRS NS4R399M