

## **ORDER FORM**

BILL TO	SHIP TO [if different from billing address]
NAME:	NAME / TAIL# / BOAT NAME:
COMPANY / PO#	COMPANY
CONTAINT / FOW	COMI AIVI
ADDRESS:	ADDRESS:
and the same of	
CITY, STATE, ZIP CODE:	CITY, STATE, ZIP CODE:
COUNTRY:	COUNTRY:
PHONE:	PHONE:
EMAIL:	EMAIL:
	WENT IN
HOW DID YOU HEAR ABOUT US? MAGAZINE	OTHER
0	RDER TYPE
BUY SPECIFY IF NEEDED BY CERTAIN DA	NTE: / /
RENT START DATE: APP	
	<del></del>
SERVICE REGULAR TURNAROUND [approx. 2-4	WEEKS]   EXPEDITE [5-7 DAYS / ADD'L 30% OF TOTAL COST]
QTY PART NUMBER DESCRIPTION	UNIT PRICE TOTAL
	TOTAL
☐ UPS GROUND ☐ NEXT DAY ☐ 2 <sup>ND</sup> DAY ☐ 3 <sup>RD</sup> DAY	CUSTOMER P/U [if applicable] COURIER INT'L [ADD'L \$195 HAZMAT HANDLING]
OPTIONAL INSTRUCTIONS:	
SIGNATURE:	*FL Tax Resale Certificate: check if applicable
DATE:/	CREDIT CARD:
DIRECTIONS: FILL OUT FORM & SEND TO:	CARD NUMBER:
SURVIVALPRODUCTS@AVI-AVIATION.COM FOR SHIPPING BACK:	
	EXP DATE:/ SEC CODE:

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