



SHIPPING DOCUMENT

COMPLETE AND INCLUDE WITH ALL SHIPMENTS

CUSTOMER P.O. OR N# _____

DATE SHIPPED _____

RETURN DATE _____

COMPANY/ CUSTOMER _____

PHONE _____

CONTACT _____

CELL _____

FAX _____

EMAIL _____

SHIPPING ADDRESS _____

CITY _____

STATE _____ ZIP _____

BILLING ADDRESS _____

CITY _____

STATE _____ ZIP _____

PART DESCRIPTION	PART NUMBER	SERIAL NUMBER	OVERHAUL/ EXCHANGE OR REPAIR	CORE RETURN INVOICE #

PLEASE SELECT HOW YOU WOULD LIKE YOUR ITEMS SHIPPED BACK:

UPS
 FED EX
 GROUND
 3 DAY
 2ND DAY
 OVERNIGHT

CHARGE TO MY FREIGHT ACCOUNT NUMBER: _____

PAYMENT INFO:

COD
 CREDIT CARD
 EXISTING NET 30 ACCOUNT

CREDIT CARD # _____ EXPIRATION DATE _____

NAME ON CARD _____ SECURITY CODE _____

SHIP TO:
 AIRCRAFT ACCESSORIES OF OK, INC.
 2740 NORTH SHERIDAN ROAD
 TULSA, OK 74115

sales@aircraftaccessoriesofok.com