# CUSTOMER PARTS REQUEST / ORDER FORM

| | | |
|---|---|---|
| Aircraft Model: | Serial No: | Telephone: |
| Name: | | FAX: |
| Mailing Address: | | Shipping Address: |
| | | |
| | | |

| Part Number | Part Description | Quantity | Price |
|---|---|---|---|
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| | | | |
| | **Packaging / shipping / documentation cost** | | |
| | TOTAL | | |

Requested Shipping Method: UPS ☐ FedEx ☐ Standard Mail ☐ Other _____

Your Courier Shipping Number: _____ Your Federal Tax I.D. Number: _____

Visa Card Number: _____ Exp. Date _____

Ship above items immediately and bill my credit card. ☐
Fax a quote - for the above items only ☐

| | |
|---|---|
| Name of Visa card holder: | |
| **Signature authorizing all of the above:** | Date: |

***Complete this form and FAX or mail this form to AMD when ordering parts.***

Aircraft Manufacturing & Design LLC
Heart of Georgia Regional Airport
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