

TWO FACILITIES TO BEST SERVE YOU

APPROVED TURBO COMPONENTS, INC

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Approved Turbo Components

SHIPPING DOCUMENT (optional)

Ship Date _____

Need By _____

P.O. _____

Company Name _____

Address _____

Phone: _____

Email: _____

Contact: _____

Ship to (if different) _____

Contact Name/Ph: _____

Description _____ P/N _____ S/N _____

Aircraft & Engine (if you would like us to confirm correct application or any comments)

Overhaul ___ Exchange ___ Repair ___ Core Return ___ Core for Purchase ___

Preferred method of shipment  _____  _____ Other _____

Charge freight to your account #? (optional) _____

Payment Method (you choose-for security, you can **call/email** with card information)

COD ___ **VISA** ___ **M/C** ___ **AMEX** ___

Or supply here: Credit card # _____ Exp. Date _____

CVV# _____ Name on Card _____

If **EASA Customer**, please list any specific requirements.

_____ Otherwise,
we will comply with all known AD's & pertinent bulletins per our FAA.