



# ORDER FORM

BILL TO [Please Print]	SHIP TO [if different from billing address]
NAME	NAME / TAIL# / BOAT NAME
COMPANY / PO #	COMPANY
ADDRESS	ADDRESS
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
COUNTRY	COUNTRY
PHONE	PHONE
EMAIL	EMAIL

How did you hear about us? ☐ Google ☐ Social Media ☐ Referral Trade Show/Event ☐ Online Ad.  
☐ Website ☐ Other \_\_\_\_\_

<b>Order Type:</b> <b>LifeRaft</b> <b>LifeVest</b>
<input type="checkbox"/> NEW PURCHASE                      AOG FEE 3 BUSINESS DAYS \$1500

Qty.	Model Part Number	Description / Pack Size / Weight
	ELT	
	ELT	

## Shipping Method

☐ UPS Ground    ☐ FEDEX Ground    ☐ Next Day    ☐ 2<sup>nd</sup> day    ☐ 3<sup>rd</sup> day    ☐ Customer P/U [if applicable]

Account # \_\_\_\_\_ [\$50 HazMat Handling fee applies]

☐ International FEDEX Priority    ☐ International FEDEX Economy    ☐ Other \_\_\_\_\_

Account # \_\_\_\_\_ [International Additional \$195 HazMat Handling]

## Payment Method

Credit Card    ☐ VISA    ☐ MASTERCARD    ☐ AMERICAN EXPRESS    ☐ DISCOVER    \*\*3.5% Convenience Fee

Wire / Ach Deposit    \*Please add a \$40.00 wire fee to all wires and send payment detail to: ap@avi-aviation.com

**First Financial Bank**, 255 E 5<sup>th</sup> St., Cincinnati, OH 45202

**Account Number:** 5314652958, **ABA Routing #:** 042200910, **BIC/Swift Code** FFBCUS3C.

Reference information: Please include Purchase Order Number or Invoice Number, Purpose for wire.

**Company Check, Cashier's Check, and Cash are acceptable payment methods with no additional fee. If paying with cash exact change is required.**

**Current Florida Tax Resale Certificate, if applicable, must be provided prior to service.**

**F L Tax Resale Certificate #:** \_\_\_\_\_

- New purchase returns are subjectable to 30% restocking fee. To be eligible for a return, your item must be unused and in the same condition received, in original packaging and within 30 days.
- If unit is not picked up upon 14 calendar days after notification of completed service, daily storage fee will be applied.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FILL OUT FORM & SEND TO >>>>**