



Ship To: **Skyline Accessories, LLC**
11315 W. 57th Pl South
Sand Springs, OK 74063
Phone: (918) 446-2260
Fax: (918) 994-7878

Shipping Document

PLEASE INCLUDE THIS INFORMATION WITH ALL SHIPMENTS (Via this document or your own)

Description: _____

Aircraft: _____

Part Number: _____

Serial Number _____

Overhaul Repair Exchange Core Return

Instructions: _____

PO#: _____

Please return shipment via: (choose one)

UPS RED UPS BLUE UPS 3 DAY UPS GROUND
 FEDEX P-1 FEDEX 2-DAY FEDEX GROUND Other: _____

Shipping Account # _____ or Add shipping charges to invoice.

PLEASE FILL OUT COMPLETELY

(If you are a returning customer, we already have this on file.)

Company Name: _____

Contact/ Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

Payment Method: Account COD Credit Card.

Credit Card # _____ Code# _____
 Visa Master Card American Exp (3 digit code on back of card)

Expiration Date: _____ Name on Card: _____

Address for card: _____

City: _____ State: _____ Zip: _____