**GALAXY PARACHUTE REVIEW REQUEST FORM**

|  |  |
| --- | --- |
| 1. **NAME:**
 |  |
| 1. **PHONE:**
 |  |
| 1. **EMAIL :**
 |  |
| 1. **ADDRESS:**
 |  |
| 1. **PARACHUTE TYPE**
 | GRS  |
| 1. **SERIAL NUMBER :**
 |  |
| 1. **INSTALLED AIRCRAFT MODEL::**
 |  |
| 1. **AIRLINE REGISTRATION SERIALS:**
 |  |
| 1. **ROCKET CAGE FOR SHIPPING:**
 |  YES: NO: |

**RETURN AND PAYMENT METHODS**

|  |  |
| --- | --- |
| 1. **THE REFURBISHED PARACHUTE MUST BE RETURNED TO:**
 |  |
| 1. **SHIPPING ADDRESS :**
 |  |
| 1. **REFERENT :**
 |  |
| 1. **BY COURIER, CARRIAGE FORWARD:**

**(indicate name of your courier)** |  |
| 1. **OR COURIER GLS :**
 |  |
| 1. **PICK-UP IN OUR SHOP TRIBANO (PD) :**
 |  |
| 1. **INVOICE REQUEST :**
 |  |
| 1. **ONLY RECEIPT REQUEST :**
 |  |
| 1. **PAYMENT TYPE :**

**(BANK TRANSFER – CASH FOR COLLECTION ON SITE)**  |  |

**IMPORTANTE:**

**Form to be completed in all its parts and forwarded by email: info@speedcomfly.com**

**Before shipping the system.**