**GALAXY PARACHUTE REVIEW REQUEST FORM**

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| 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**

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| 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.**