

OFFICIAL TGH AVIATION SERVICE REQUEST FORM

INCLUDE THIS DOCUMENT WITH ALL SHIPMENTS/DELIVERIES. IF UNDER WARRANTY, ATTACH A COPY OF THE ORIGINAL RECEIPT OR INVOICE. SENT TO THE ADDRESS OR FAX LISTED AT THE BOTTOM OF THIS FORM.

Sales A		Purchase Order #			
Sales Associate Email:		Date:			
COMPANY INFO	RMATIO	N			
Company Name:		Cust	omer Code:		
Contact Name:			Email:		
Phone:			Fax:		
Billing Address:		Shippi	Shipping Address:		
City:			City:		
State:		Zip:	State:		Zip:
RETURN SHIPPI	NG INFO	ORMATION			
Ship By:		Method o	of Payment:		
Shipping Method:	Iethod: Shipping Account #				
UNIT DETAILS					
PART #		DESCRIPTION	SERIAL #	ŧ	Is part under warranty?
Customer's Instructions:					
PART #		DESCRIPTION	SERIAL #	‡	Is part under warranty?
Customer's Instructions:					
PART #		DESCRIPTION	SERIAL #	ŧ	Is part under warranty?
Customer's Instructions:					
REQUIRED CERTIFICATIONS					
8130:	C OF C:	TEST REPORT:		All c	of these:
Remember to make TGH your first call for all of your aviation part needs!					

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