Strong Enterprises Repair Form

For best possible service, please complete and enclose this form when returning equipment to Strong Enterprises

Company Name Or last name if no company	**Your Name** First _____ Last

Account No. If known	**Tel.** _____ **Alt. Tel.**	**Fax** _____ **Email**

Bill to address	**Ship to address** (If different)

☐ Please repair as needed ☐ Start repair if cost will not exceed $_____ ☐ Call with price before repair	Payment to be made by: ☐ Credit card (VISA/MC/AMEX) ☐ COD

Equipment returned (please use one form for each system)

	Harness/Cont.	Pass. Harn.	Main canopy	Reserve canopy	Drogue
Ser.No					
Color					

AAD No.	☐ Kit Bag Included

Other parts/components

I would like the following work done to my equipment.

Please let us know if your address or company name, changes.

STRONG ENTERPRISES
11236 SATELLITE BLVD.
ORLANDO, FL 32837
Tel (407) 859-9317
Fax (407) 850-6978
E-mail: Sales@strongparachutes.com
www.strongparachutes.com
THE PARACHUTE COMPANY WITH IMAGINATION

 This form is also available at: http://www.strongparachutes.com/forms.htm