

**THIS FORM MUST ACCOMPANY YOUR RETURNED ITEM(S) - ADD RMA# ON BOX - ALL CUSTOMER INFORMATION MUST BE FILLED OUT  
SHIP ITEMS TO: UNITED PARACHUTE TECHNOLOGIES - 1645 LEXINGTON AVENUE - DELAND, FLORIDA 32724-2106**

<b>CUSTOMER PROPERTY FORM</b>				<b>RMA Number:</b> _____		<b>Received Date:</b>		<b>Warranty:</b> Yes <input type="checkbox"/> / No <input type="checkbox"/>		<b>Sales Order:</b>			
<b>Customer information</b>						<b>Work Performed</b>							
Name:						<b>Initials</b>		<b>Description</b>		<b>Unit \$</b>		<b>Total \$</b>	
Address:													
Telephone: _____ Contact: _____													
Email: _____ Preferred time: _____													
<b>Container / Parts Information</b>													
		<b>Model</b>		<b>Serial number</b>		<b>DOM</b>							
Container													
Main Canopy													
Reserve Canopy													
AAD													
<b>Parts included with container:</b>													
Main PC / Bridle:		Yes <input type="checkbox"/> / No <input type="checkbox"/>		Main Bag:		Yes <input type="checkbox"/> / No <input type="checkbox"/>							
Main Risers:		Yes <input type="checkbox"/> / No <input type="checkbox"/>		Main Toggles:		Yes <input type="checkbox"/> / No <input type="checkbox"/>							
Breakaway Handle:		Yes <input type="checkbox"/> / No <input type="checkbox"/>		Reserve Handle:		Yes <input type="checkbox"/> / No <input type="checkbox"/>							
Reserve PC:		Yes <input type="checkbox"/> / No <input type="checkbox"/>		Free Bag / Bridle:		Yes <input type="checkbox"/> / No <input type="checkbox"/>							
RSL:		Yes <input type="checkbox"/> / No <input type="checkbox"/>		Reserve Toggles:		Yes <input type="checkbox"/> / No <input type="checkbox"/>							
Passenger Harness:		Yes <input type="checkbox"/> / No <input type="checkbox"/>		Serial Number:		_____							
Other:													
<b>Work requested:</b>													
Description:													
Requested Person / Department:													
To be completed by customer						<b>Customer approval</b>							
						Contact Date:				Email <input type="checkbox"/> / Phone <input type="checkbox"/> / In person <input type="checkbox"/>			
						Approval Date:				Email <input type="checkbox"/> / Phone <input type="checkbox"/> / In person <input type="checkbox"/>			
						<b>Completed by</b>			<b>Final Inspection:</b>				
						Employee:			Final Inspection:				
Date:			After Pack:										
Date shipped:			Invoice number:										
						<b>Subtotal</b>							
						<b>Shipping</b>							
						<b>Total</b>							

To be completed by United Parachute Technologies