

## Strong Enterprises Repair Form

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

<b>Company Name</b> Or last name if no company	<b>Your Name</b> First _____ Last _____
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<b>Account No.</b> If known	Tel. _____ Alt. Tel. _____	Fax _____ Email _____
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<b>Bill to address</b>	<b>Ship to address</b> (If different)
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<input type="checkbox"/> Please repair as needed <input type="checkbox"/> Start repair if cost will not exceed \$ _____ <input type="checkbox"/> Call with price before repair	Payment to be made by: <input type="checkbox"/> Credit card (VISA/MC/AMEX) <input type="checkbox"/> COD
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Equipment returned (please use one form for each system)

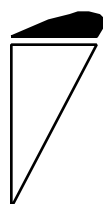
	Harness/Cont.	Pass. Harn.	Main canopy	Reserve canopy	Drogue
Ser.No					
Color					

AAD No.	<input type="checkbox"/> Kit Bag Included
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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