



1400 E. South Blvd • Montgomery, AL 36116  
Phone: (334) 286-8551  
Fax: (334) 286-1992

Email: sales@kellyaero.com  
Hours: 8:00am – 5:00pm CST FAA  
CRS # 9KJR356C • EASA

Please complete all information on this form and return this form with the unit. A confirmation will be sent to the email provided upon receipt of the unit.

Company / Contact Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Requested Ship Date \_\_\_\_\_ Please return shipment via: (choose one)

UPS:			
<input type="checkbox"/> Next Day Air	<input type="checkbox"/> Next Day Air Saver		
<input type="checkbox"/> 2 <sup>nd</sup> Day	<input type="checkbox"/> 3 Day Select	<input type="checkbox"/> Ground	

FedEx:			
<input type="checkbox"/> Priority Overnight	<input type="checkbox"/> Standard Overnight		
<input type="checkbox"/> 2 Day	<input type="checkbox"/> Express Saver	<input type="checkbox"/> Ground	

Part Number: \_\_\_\_\_ Description: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Purchase Order: \_\_\_\_\_

Service Requested:  Overhaul  Exchange  Evaluate  Core Return/Invoice # \_\_\_\_\_

Payment Method: <input type="checkbox"/> COD <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Card Number: _____	Expiration Date: _____
Name on Card: _____	Security Code: _____

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

↓ DETACH HERE FOR SHIPPING LABEL ↓

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return Address

**Kelly Aero**  
**CP Overhaul/Core Return**  
**1400 E. South Blvd**  
**Montgomery, AL 36116**