



Material Return Authorization

Customer
Details:

RETURN ADDRESS

Name: _____

Address: _____

Flying Colours Corp.
901 Airport Road, Building 120
Peterborough ON K9J 0E7
CANADA, Tel 705 742 4688

Date: _____ Submitting For: _____

Return Reason:

IF RETURNED UNUSED "I certify that the Product was acquired from Flying Colours Corp and does not have any time-in-service and that the product was maintained to ensure airworthiness"

Signature: _____

Date: _____

RECEIVED / INSTALLED PART

Qty	Part Number	Description	Serial Number	Part Condition Batch #

Maintenance Contact Information

Operator / Owner:	Phone:	Fax:
Contact Name:	P.O. #	Email:

RETURNED / REMOVED PART Mandatory

All Information Below This Point Required For Returns

INCOMPLETE OR UNAUTHORIZED RETURNS MAY RESULT IN REFUSAL OF RETURNED MATERIAL, DENIAL OF WARRANTY CONSIDERATION, OR ADDITIONAL BILLING.

	Part Number	Serial Number	Time/Cycles since install:	Time/Cycles since new:
Part				
	Position:	Removal Date:	Install Date:	
Aircraft	Model	Serial Number	Aircraft Hours:	Cycles / Landings:

Detailed Reason for Return or Removal _____ AWB #: _____

FOR FLYING COLOURS CORP USE ONLY

Account #	Credit Memo #	Invoice #	Received Date	CSR:
Work Order #	Date			

All unused & returned parts must be returned with all original documentation

All returns must be authorized and sent freight pre-paid