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SERVICE REQUEST FORM

**A \$20 mandatory Pre-Service Inspection fee will be added to all equipment sent for repair.
 Inspect & Repack only – no fee.**

Customer Name:		
Ship to Address:		
City, State, Zip code, Country		
Day time Phone:		Email:
Harness/Container Model/Size:		Serial Number/Date of Manufacture:
Original Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of jumps on rig:
Check items included in your shipment: <input type="checkbox"/> Harness/Container <input type="checkbox"/> Reserve Canopy <input type="checkbox"/> Slinks Serial Number: _____ <input type="checkbox"/> Reserve Bag/Pilotchute <input type="checkbox"/> Reserve Ripcord <input type="checkbox"/> Toggles <input type="checkbox"/> RSL		<input type="checkbox"/> Main Canopy Serial Number: _____ <input type="checkbox"/> Risers <input type="checkbox"/> Toggles <input type="checkbox"/> Slinks <input type="checkbox"/> Main Bag <input type="checkbox"/> Bridle & Pilotchute <input type="checkbox"/> Main Toggles <input type="checkbox"/> Cutaway/Release Handle
<input type="checkbox"/> AAD Model: _____		Serial Number/DOM: _____
General Maintenance: Check appropriate box: <input type="checkbox"/> Repack, include cutaway handle for service <input type="checkbox"/> Cypres service <input type="checkbox"/> Battery <input type="checkbox"/> Required service (4yr/8yr) <input type="checkbox"/> Cutter Replacement <input type="checkbox"/> Main canopy inspection <input type="checkbox"/> Pack Main Canopy		
Describe problem, repair or maintenance required:		
If work was discussed a representative at RI, please include contact name and date		
State estimated cost of service if provided:		
RETURN SHIPPING via UPS or FedEx. US Mail is available (extra costs will apply due to delivery to post office) Estimates are subject to change after inspection of the equipment. Customer approval for additional repairs will be obtained before start of work. Payment before shipment is required. Payment options: VISA/MASTERCARD/AMERICAN EXPRESS		
<input type="checkbox"/> I approve additional repairs if cost increase is less than \$50		
CARD HOLDER:		
CREDIT CARD NUMBER:		
EXPIRATION (MM/YY)	3-Digits (back of card)	Zip code for credit card bill
SIGNATURE		SHIPPING PREFERENCE: <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> US MAIL
<input type="checkbox"/> I accept the terms noted above.		DATE SHIPPED: