

Revmaster Aviation

PURCHASE ORDER NUMBER _____ DATE _____

CUSTOMER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

AIRFRAME DESIGN TYPE _____ DATE REQUIRED _____

QUANTITY	ITEM DESCRIPTION	PRICE
	Shipping Container (if needed)	50.00
	Subtotal	
	Sales Tax (California Residents Only)	
	Total Order	
	Deduct Deposit	
	Balance due before shipment	

Please make one copy of this form for your records, and mail two copies with your remittance. An order delayed longer than one year at the specific request of the customer may be subject to price adjustment. A minimum 20% of a deposit will be forfeited upon order cancellation for any reason. Prices subject to change without notice.

CUSTOMER SIGNATURE _____