



# SHIPPING INSTRUCTIONS

The following are shipping instructions for night vision imaging systems being shipped to Night Flight Concepts for NVG inspections, service, and repair.

Fill out completely and retain one (1) copy for your records and send (1) copy for each package sent.

### Ship To

Company: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_

### Bill To

Company: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_

### Contact Information

Fill in the contact information in the event a technician needs to discuss any un-scheduled work to be performed.

**Contact Name:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

### Inventory

Inventory each night vision goggle system and record the model and serial number where indicated. See example below.

	Example	1	2	3	4
<b>Make/Model</b>	F4949				
<b>NVG S/N</b>	10532				

### Customer Shipping Information

Fill in your return shipping information, otherwise, packages will be sent back UPS-Ground and billed to the customer.

<b>Purchase Order #</b>	<b>Shipment Option</b> <i>Fed Ex / UPS / DHL</i>	<b>Delivery Option</b> <i>Overnight / 2-day / Ground</i>	<b>Shipping Account #</b>

	1	2	3	4
<b>FOR OFFICE USE ONLY</b>				
<b>WO #</b>				
<b>BIN #</b>	/	/	/	/