**CAMBRAI COVERS REFURBISHMENT ORDER FORM**

|  |
| --- |
| 1. **PLEASE COMPLETE THIS SECTION IN BLOCK CAPITALS. Thank you!**
 |
| Your Details – PO No. if applicable : | DATE |  |
| YOUR NAME |  |
| ADDRESS 1 |  |
|  |
|  | POSTCODE |  |
| TELEPHONE |  | MOBILE |  |
| EMAIL: |
| ADDRESS 2 |  |
|  |
|  | POST CODE |  |
| Do you want to collect your cover? | YES / NO |  |
| Please indicate DELIVERY ADDRESS: | 1 | 2 |  |
| INVOICE ADDRESS: | 1 | 2 |  |

**2. AIRCRAFT COVERS REQUIRED**

|  |  |  |  |
| --- | --- | --- | --- |
| QTY | Type of Cover | Fabric Colour | PRICE |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
| Replace or Add Aircraft Registration Embroidery on your Cover – see reverse - £25.00  | £ |
| Add Carriage UK - £15.00 | UK Islands - £35.00 | EU - £40.00  | £ |
| Total Cost of Above Items  | £ |
| VAT @ 20% (UK & EC Only)  | £ |
| TOTAL VALUE OF ORDER  | £ |
| Payment Is Due Upon Completion Of Your Cover Immediately Before To Despatch |

Mark on the diagram below the position of any Additional allowances required and list these items on back of this form



**Please Refurbish Covers here ordered. I agree to abide by Cambrai Covers terms and conditions.**

Signed................................................................... Please Print Your Name……………….…………………………….

**Now Complete page 2 on the reverse…**

|  |  |
| --- | --- |
| Aircraft Manufacturer and Type |  |
| Serial No. If Known |  | Year of Manufacture: |  |
| Registration |  | ORIGINAL ORDER No. | C |

ORIGINAL FILE CANNOT BE TRACED □

|  |
| --- |
| Please indicate below any additional work and aerials or probes that require new allowances. We will carry out a QA check when we receive the cover and advise you of the work we feel should be carried out. |
|  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| OFFICE USE ONLY –:  | By (Intl) | QA CHECK |
| RECEIVING QA CHECK: DATE RECEIVED: |  |  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| ESTIMATED TIME FOR WORK: | ACTUAL TIME TAKEN: |

|  |
| --- |
| OFFICE USE ONLY –: PLEASE INITIAL AND DATE AT EACH STAGE BELOW  |
| Receiving QA | Contact Customer | Customer Approved | Converted to Order | Pro-Forma Sent | CPF Received | Contract Review |
| NO 🞏 / YES 🞏 | NO 🞏 / YES 🞏 | NO 🞏 /YES 🞏 | NO 🞏 / YES 🞏 | NO 🞏 / YES 🞏 | NO 🞏 / YES 🞏 | NO 🞏 / YES 🞏 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |