

AIR FREIGHT REQUEST

Attention: _____

Company Name: _____

Date.: _____

Telephone No.: _____

Fax No.: _____

<u>Purchase Order No.</u>	<u>Part No.</u>	<u>Quantity</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimated Air Freight Cost: _____

Please sign below to authorize Rectron to ship the above product(s) via air freight at your company's expense.

Signed By: _____

Date: _____