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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This form must be approved by Accounting and submitted to OM along with required documentation for order generation.** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Internal Contact** | | | |  | | | | | | | | | **PO#** | | | | |  | | |
| **Customer Name** | | |  | | | | | | | | | **Repair Vendor Ship-To** | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Required Prior to Sales Generation** | | | | | | | | | | | | | | | | | | | | |
|  | | **AAR Owned** | | | | | | | | * Approved budget with required PO/RO approvals for amount of total investment. | | | | | | | | | | |
|  | | **Customer Owned** | | | | | | | | * Copy of agreement/Purchase Order/Contract * Deal sheet with Credit approval for total estimated billings. | | | | | | | | | | |
|  | | **Div/Cust #** | | | | | | | |  | | | | | | | |  | | |
|  | | | | | | | | | | (must be active in IMOPS) | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Product Line: Inventory tags TYPE 2 or 3 TYPE 4 without PO cost require Market Value as sales price when adding to order. See accounting with any questions.** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Ship on AAR’s account?** | | | | | | | ***AAR account will default to slow boat method. Please obtain Sr. Mgt. approval for any expedite requests.*** | | | | | | | | | | | | | |
| **Yes** |  | | **\*No** | |  | |
| \*Please provide details if shipping on customer’s account. | | | | | | | | |  | | | | |  | |  | | |  |  |
| **Carrier** | | | | |  | | **Account#** | | |  | **Service Level** |
|  | | | | | | | | | | | | | | | | | | | | |
| **Any other considerations?** | | | | | | | | | | |  | | | | | | | | | |
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| **Accounting Approval** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | |  | | | | | | |  | |  | | | |
| **Print Name** | | | | | |  | | **Signature Approval** | | | | | | |  | | **Date** | | | |

*This Material is For the Use in Repair Account# Profit Center #690*