**Your kit(s) must be received at MedAire’s MedSpace on or before 11:00 AM MST to be shipped the following business day; kits received after 11:00 am will be shipped within two (2) business days.**

Complete this form to ensure timely return of your kit(s); incomplete information will cause a delay.

**MedAire, Inc. c/o MedSpace**

23610 N. 20th Drive, Suite 10

# Phoenix, AZ 85085

MedSpace is separate from MedAire’s Corporate Headquarters.

Kits and AEDs shipped to the corporate office will cause a delay in timely return of your kit.

Please ship to:

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|  |  |  |
| --- | --- | --- |
| COMPANY BILLING ADDRESS  SAME FOR SHIPPING  **If paying by credit card, bill to must match credit card address** |  | PLEASE INVOICE ME AND/OR  CHARGE MY CREDIT CARD |
| Customer Account Number |  | If a balance is due for this refurbishment, your invoice will be emailed to the billing contact on file and will include a **PayLink** URL for ease of credit card payment. |
| Company Name |  |
| Contact |  |
| Address |  |
| City, State, Zip |  | PO / RO NUMBER (IF APPLICABLE): |

YOUR KIT(S) WILL BE SHIPPED VIA FEDERAL EXPRESS STANDARD OVERNIGHT, UNLESS OTHERWISE INDICATED BELOW.   
**\*\* YOU WILL BE BILLED FOR FREIGHT IF A SHIPPING ACCOUNT NUMBER IS NOT PROVIDED \*\***

|  |  |  |
| --- | --- | --- |
| RETURN SHIPPING ADDRESS (IF DIFFERENT THAN BILLING) |  | SHIP VIA |
| **SAME DAY TURNAROUND, $75 RUSH FEE PER KIT IF RECEIVED BY 11 AM**  OR DATE REQUIRED |  | **SAME DAY TURNAROUND, $75 RUSH FEE PER KIT IF RECEIVED BY 11 AM** |
|  | **UPS** AEDs with batteries can only ship via GroundNEXT DAY 8:30AM NEXT DAY 10:30AM  2ND DAY AM  2ND DAY 3 DAY GROUND  SHIPPING ACCOUNT #: |
| COMPANY NAME |  |
| CONTACT |
| ADDRESS |  | **FEDEX** AEDs cannot ship via First AM  FIRST BY 8:30AM  PRIORITY OVERNIGHT BY 10:30 AM  STANDARD  2 DAY  EXPRESS SAVER SATURDAY   GROUND  SHIPPING ACCOUNT #:      -      - |
|  |
| CITY, STATE, ZIP |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| KIT / AED TYPE (REFER TO KIT ID TAG) | | | KIT SERIAL NUMBER (REFER TO KIT ID TAG) | TAIL NUMBER |
|  | AIRCRAFT FIRST AID KIT | **AFAK 1.0** Request upgrade to Rx | |  |  |
|  | AIRCRAFT FIRST AID KIT WITH RX| **AFAK 1.0** **Rx** | |  |  |
|  | EMERGENCY MEDICAL KIT | **EMK** | |  |  |
|  | ADVANCED AVIATION MEDICAL KIT | **AAMK Rx** | |  |  |
|  | PAEDIATRIC MEDICAL KIT **| PMK** | |  |  |
|  | **AED** | **PHILLIPS**  FR1  FR2  FRx  OnSite |  |  |
| **HEARTSINE**  350P  450P  Prep Kit |
| AED BATTERY(IES) HAS/HAVE BEEN REMOVED FOR SHIPPING PURPOSES  REPLACE  DO NOT REPLACE - MUST PROVIDE INSTALL DATE ON BATTERY       LOT NUMBER | | | | |
|  | OTHER: | |  |  |

**\*\*IF YOU HAVE A MEDICAL KIT WITH TAGS STATING ‘DO NOT REFURBISH’ PLEASE CONTACT YOUR ACCOUNT MANAGER at +1 (480) 333-3700\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTACT NAME:** |  | **PHONE** REQUIRED:  **EMAIL** REQUIRED: |  |

THE CERTIFICATE OF CONFORMANCE (C OF C) IS INCORPORATED AS PART OF MEDAIRE’S PACKING SLIP.