**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:

###

|  |  |  |
| --- | --- | --- |
| 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 Ground**[ ]** NEXT DAY 8:30AM **[ ]** NEXT DAY 10:30AM [ ]  2ND DAY AM [ ]  2ND DAY **[ ]** 3 DAY **[ ]** GROUNDSHIPPING 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 [ ]  GROUNDSHIPPING 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.