

WORK ORDER AUTHORIZATION APEX AVIATION, INC.

AVIATION	DATE:		W/O:				
<u>Billing Information:</u>							
CUSTOMER NAME:			BILLING	ENTITY:			
ADDRESS:	CITY:			STATE: ZIP CODE : CELL PH #:			
EMAIL ADDRESS:							
ALL c	charaes are (COD unless F	PRIOR arranger	ments have	been made		
PAYMENT TYPE:	_		_			CASH	
CREDIT CARD#:							
NAME ON CARD (IF DIFF				BIL	LING ZIPCODE	•	
Services Information:	V/50 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					\/F0	
ACFT KEY PROVIDED:							
INDOC DATE:		_ INDOC IIA	ΛΕ:	EST	OUI DAIE:		
SERVICES REQUESTED:							
Aircraft Information:							
AIRCRAFT MAKE & MOI							
AIRCRAFT TOTAL TIME: _							-
#1 ENGINE MODEL:			S/I	N:			
	TT:		TSC	N:		_	
#2 ENGINE MODEL:			S/I	N:			
	TT: _		TSC	N:			
APU MODEL:		S/N:		H(ours:		_
MAINTENANCE TRACKIN							
TYPE of OPERATION:		_	RT 135*				
<u>*If you are a Part 13</u>	<u>85 operator, p</u>	<u>olease provi</u>	de a copy of C	<u> Seneral Ma</u>	<u>intenance Ma</u>	<u>nual (GM</u>	<u>(M)</u>
I am the owner or authorized agemployees, to perform all necessupplies. APEX AVIATION, INC, its understand that all labor, parts, and Conditions located at							