CYPRES 2

CYPRES SERVICING FORM

Serial number (s)

Date of manufacture /

Dealer name / number SkydiveZone NZ # 1 0 0 4 5

	Sender	Owner
Name		
Street		
Town		
Zip-Code		
Country		
Phone		
Fax		
Email		

Shipping address
if different from Sender

Invoicing address
if different from Sender

This CYPRES is being returned for: **(please mark as appropriate)**

Maintenance ☐

Repair (please specify problem) ☐

Trade-In ☐

Model change (please specify) from ◯ Exp ◯ Stu ◯ Tan ◯ Spe to ◯ Exp ◯ Stu ◯ Tan ◯ Spe

Other reasons ☐

If returned due to an activation, please ensure that a completed „CYPRES activation report“ is enclosed with the unit.

Credit Card Details: Number: _____ _____ _____ _____Expiry: ____/____

Name on Card: _____ CVC: _____

For Bank Transfers please submit your payment of NZ$415.00 to:

ASB Bank: SkydiveZone Account No. 12-3037-0315640-02

Date

Signature

Please complete form and return one copy with each CYPRES® to:
SkydiveZone, 25a Kiddle Drive, Hilltop TAUPO 3330. Please ship via Tracked Courier.