

520 Kane Street • Scranton, Pa 18505 • 570 961 9700 • (F) 570 961 9701

One K™ DAMAGED HELMET RETURN AUTHORIZATION FORM

SELECT METHOD OF PAYMENT: [] CHECK [] MONEY ORDER [] CREDIT CARD NAME AS IT APPEARS ON CREDIT CARD:	FIRST NAME:	LAST NAME:		
STATE:	STREET ADDRESS:			
PHONE:	(HELMETS ARE SENT SIGNATURE-F	REQUIRED)		
HELMET MODEL/ITEM NUMBER:	CITY:	STATE:	ZIP:	
HELMET COLOR: DATE PURCHASED: BTORE WHERE IT WAS PURCHASED: BRIEF ACCOUNT OF ACCIDENT: SELECT METHOD OF PAYMENT: [] CHECK [] MONEY ORDER [] CREDIT CARD NAME AS IT APPEARS ON CREDIT CARD: BILLING ADDRESS OF CREDIT CARD: CITY, STATE, ZIP: CARD TYPE: [] VISA [] MASTER CARD [] AMERICAN EXPRESS CARD NUMBER: CARD EXPIRATION DATE: SECURITY CODE: By signing this form, I hereby authorize English Riding Supply (ERS) to use the above credit card to process my order. SIGNATURE: DATE: *Please note that the damaged helmet MUST be sent back to ERS to receive the discounted replacement. FOR OFFICE USE ONLY:	PHONE:	EMAIL ADDRESS:		
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