



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

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## One K™ DAMAGED HELMET RETURN AUTHORIZATION FORM

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

(HELMETS ARE SENT SIGNATURE-REQUIRED)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HELMET MODEL/ITEM NUMBER: \_\_\_\_\_ HELMET SIZE: \_\_\_\_\_

HELMET COLOR: \_\_\_\_\_ DATE PURCHASED: \_\_\_\_\_

STORE 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:

DATE OF RETURN: \_\_\_\_\_ ORDER # \_\_\_\_\_