## **ONE K HELMET REPLACEMENT POLICY**

## IMPORTANT NOTICE: HELMETS INVOLVED IN ACCIDENTS SHOULD BE REPLACED AND NOT WORN AGAIN!

If your ONE K helmet is ever in an accident within the replacement period, return it to us for replacement at the costs listed below. PLEASE DO NOT RIDE IN THE HELMET AGAIN IF IT WAS INVOLVED IN AN ACCIDENT! RETURN IT FOR A REPLACEMENT.

The following replacement policy is in effect for ONE K Helmets <u>purchased in the United States (international</u> <u>customers must contact the store where the helmet was purchased</u>). English Riding Supply will replace your helmet involved in an accident for up to 3 years after purchase for a cost listed below:

HELMET	ITEM#	
AVANCE	470661	
AVANCE CHROME STRIPE	470708	
AVANCE ROSE GOLD STRIPE	470668	
AVANCE CCS WITH MIPS	471208	
CCS WITH MIPS	471045	
JUNIOR CCS WITH MIPS	471143	
DEFENDER CELESTIAL	470923	
DEFENDER ROSE GOLD STRIPE	470663	
DEFENDER JUNIOR	470432	
DEFENDER CHROME STRIPE	470152	
DEFENDER GLAMOUR ROSE GOLD (discontinued)	470922	Please choose another model to replace this helmet
DEFENDER AIR (discontinued)	470562	Please choose another model to replace this helmet
DEFENDER JUNIOR SUEDE (discontinued)	470433	Please choose another model to replace this helmet
DEFENDER AIR SUEDE (discontinued)	468736	Please choose another model to replace this helmet
DEFENDER (discontinued)	468259	Please choose another model to replace this helmet
DEFENDER BLING (discontinued)	470678	Please choose another model to replace this helmet
DEFENDER BLING SUEDE (discontinued)	468526	Please choose another model to replace this helmet
RACER SKULL CAP (discontinued)	469693	Please choose another model to replace this helmet
DEFENDER SUEDE (discontinued)	468260	Please choose another model to replace this helmet
DEFENDER GLIDSTER (discontinued)	470924	Please choose another model to replace this helmet
DEFENDER GLAMOUR CHROME STRIPE (discontinued)	470921	Please choose another model to replace this helmet
DEFENDER GLAMOUR (discontinued)	470819	Please choose another model to replace this helmet
DEFENDER COLOR TRIM (discontinued)	470518	Please choose another model to replace this helmet

To receive a replacement helmet, please follow the instructions listed below:

- 1. Fill out the Return Authorization Form and return with your helmet. If you cannot print the accident form, please call 1-866-569-1600 and we will send one to you, or contact your retailer for a form.
- 2. Return the damaged helmet freight pre-paid
- 3. Return a copy of your dated sales receipt
- 4. Include a signed and dated letter describing the accident in as much detail as possible
- 5. Provide us with your contact name, address, email address & phone number. SOMEONE MUST BE AVAILABLE AT THAT ADDRESS TO SIGN FOR YOUR HELMET.
- 6. A check or money order made out to English Riding Supply, or credit card information for payment as indicated above. Send to address below:

ENGLISH RIDING SUPPLY C/O ACCIDENT REPLACEMENT 520 KANE STREET SCRANTON, PA 18505

## **ERS**

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

## One K<sup>™</sup> DAMAGED HELMET RETURN AUTHORIZATION FORM

SIGNATURE: DATE: *Please note that the damaged helmet MUST be sent back to ERS to receive the discounted replacement.	FIRST NAME:	LAST NAME:	
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: 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: 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:	STREET ADDRESS:		
PHONE:	(HELMETS ARE SENT SIGNATU	RE-REQUIRED)	
HELMET MODEL/ITEM NUMBER:	CITY:	STATE: ZIP:	
HELMET COLOR:	PHONE:	EMAIL ADDRESS:	
STORE WHERE IT WAS PURCHASED:	HELMET MODEL/ITEM NUMBE	R: HELMET SIZE	::
BRIEF ACCOUNT OF ACCIDENT:	HELMET COLOR:	DATE PURCHASED:	
SELECT METHOD OF PAYMENT: [] CHECK [] MONEY ORDER [] CREDIT CARD         NAME AS IT APPEARS ON CREDIT CARD:	STORE WHERE IT WAS PURCH	SED:	
SELECT METHOD OF PAYMENT: [ ] CHECK [ ] MONEY ORDER [ ] CREDIT CARD         NAME AS IT APPEARS ON CREDIT CARD:	BRIEF ACCOUNT OF ACCIDENT		
SELECT METHOD OF PAYMENT: [ ] CHECK [ ] MONEY ORDER [ ] CREDIT CARD         NAME AS IT APPEARS ON CREDIT CARD:			
SELECT METHOD OF PAYMENT: [ ] CHECK [ ] MONEY ORDER [ ] CREDIT CARD         NAME AS IT APPEARS ON CREDIT CARD:			
NAME AS IT APPEARS ON CREDIT CARD:			
BILLING ADDRESS OF CREDIT CARD:	SELECT METHOD OF PAYMENT	:[]CHECK []MONEY ORDER []CRED	DIT CARD
CITY, STATE, ZIP:	NAME AS IT APPEARS ON CREE	NT CARD:	
CARD TYPE: [ ] VISA [ ] MASTER CARD [ ] AMERICAN EXPRESS CARD NUMBER:	BILLING ADDRESS OF CREDIT C	ARD:	
CARD NUMBER:SECURITY CODE: 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:	CITY, STATE, ZIP:		
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*Please note that the damaged helmet MUST be sent back to ERS to receive the discounted replacement.	to process my order.		
discounted replacement.	SIGNATURE:	DATE:	
FOR OFFICE USE ONLY:	*Please note that the da	maged helmet MUST be sent back t	to ERS to receive the
	discounted replacement		
DATE OF RETURN: ORDER #	FOR OFFICE USE ONLY:		
	DATE OF RETURN:	ORDER #	