

# RISK FREE PROGRAM

## Authorization to Ship Form



I understand that I will be invoiced in full for all Risk Free Program merchandise when shipped. No payment is due at this time.

**I will have 60 days to either pay for the merchandise, or to return any unsold merchandise for credit.** At the conclusion of the 60 day terms, all invoices will become due and payable. All returns must be received by Elite Sportswear on or before the scheduled due date.

I understand that all shipments of the Risk Free Program are FOB Reading, PA, therefore title for all merchandise passes to me upon shipment. I am fully responsible for any theft of merchandise, loss due to fire, flood, etc.

I understand that I will not receive credit for any merchandise that is not returned in the same condition as it was received. Merchandise is to be returned on hangers with all original tags attached. Worn, soiled or damaged merchandise will not be accepted. Sale items (1999s) are non-returnable.

Your credit card will be automatically charged once you return your merchandise. A credit will be applied to your outstanding balance and you will be charged the amount for what was sold. This will eliminate delayed shipments, so your pro-shop can be stocked with the newest products, which will result in increased sales.

I authorize Elite Sportswear to charge the following credit card(s) for any invoice, net of credits for merchandise returned, that have not been paid by other means by the 60 day due date. The card holder(s) signing below also agrees to all of these terms and conditions.

I understand that I may terminate my participation in the Risk Free Program by notifying Elite Sportswear in writing at any time and complying fully with all of the terms of the program with respect to the products already shipped.

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### BILL TO:

Club Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

### SHIP TO: (FedEx cannot ship to a PO Box)

Club Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I \_\_\_\_\_ (name and title) authorize Elite Sportswear to bill and ship *Risk Free Program* packages to the facility designated above.

### CREDIT CARD #1

MASTERCARD  VISA  AMERICAN EXPRESS  NOVUS/DISCOVER

Card Holder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Check Box if Billing Address matches "BILL TO" address above. If not, list Credit Card billing address below:

Address: \_\_\_\_\_

### CREDIT CARD #2 (Optional)

MASTERCARD  VISA  AMERICAN EXPRESS  NOVUS/DISCOVER

Card Holder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Check Box if Billing Address matches "BILL TO" address above. If not, list Credit Card billing address below:

Address: \_\_\_\_\_

### ADDITIONAL INFORMATION

List any other employees authorized to place orders or make decisions on your Risk Free Account.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please complete all forms and submit to register for the Risk Free Program.

**ELITE SPORTSWEAR, 2136 N 13TH STREET, READING, PA 19604**

The credit department must have an Authorization to Ship Form on file prior to shipping your first Risk Free Program package.