



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

MOUNTAIN HORSE HELMET REPLACEMENT POLICY

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

If your MOUNTAIN HORSE 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 MOUNTAIN HORSE Helmets **purchased in the United States (international customers must contact the store where the helmet was purchased)**. 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#	PRICE	PRICE W/ SHIPPING & HANDLING
MOUNTAIN Aero Pro Helmet	310000	\$49.98	Plus \$5.00 S&H = \$54.98

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**



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MOUNTAIN HORSE® 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 # _____