



PODIUMWEAR SIZE SET REQUEST FORM

RETURN SAMPLES TO: PODIUMWEAR / ATTN: CSR / 2408 Territorial Rd. / SAINT PAUL, MN 55114 / 800.930.1081

| CUSTOMER INFO | | |
|---|-------------------|-------|
| TEAM / ORGANIZATION NAME: | | |
| CONTACT NAME: | | |
| ADDRESS 1: | | |
| ADDRESS 2: | | |
| CITY / STATE / ZIP CODE: | | |
| PHONE NUMBER: | | |
| EMAIL: | | |
| PLEASE FILL IN WHICH SIZE SET/S YOU ARE INTERESTED IN RECEIVING | | |
| STYLE # | STYLE DESCRIPTION | NOTES |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| SHIPPING NOTE: PODIUMWEAR WILL PAY THE FEDEX GROUND SHIPPING CHARGES TO GET THE SAMPLES TO YOU. YOU ARE RESPONSIBLE FOR THE SHIPPING CHARGES TO RETURN THE SAMPLES TO US. PLEASE RETURN TO THE ADDRESS AT THE TOP OF THIS FORM. WE SUGGEST YOU USE A SHIPPING METHOD THAT PROVIDES A TRACKING NUMBER, AS PODIUMWEAR CAN NOT BE RESPONSIBLE FOR PACKAGES LOST IN TRANSIT. | | |
| CREDIT CARD INFORMATION | | |
| I HEREBY AUTHORIZE PODIUMWEAR CUSTOM SPORTS APPAREL TO HOLD MY CREDIT CARD LISTED BELOW, RELATED TO THE LENDING OF SIZE SETS. | | |
| CREDIT CARD#: | | |
| EXP. DATE: | | |
| BILLING ADDRESS: | | |
| BY SIGNING BELOW, I ACKNOWLEDGE AUTHORIZATION DESCRIBED ABOVE. I ALSO ACKNOWLEDGE THAT MY FAILURE TO RETURN ALL SAMPLES ON TIME (WITHIN 7 DAYS OF RECEIVING SAMPLES) AND IN THE CONDITION THEY WERE RECEIVED WILL CONVERT INTO A CHARGE TO MY CREDIT CARD. | | |
| SIGNATURE: | | |
| DATE: | | |