



323 Findley P.O. Box 357, Higgins Lake, Mi 48627 (989) 821-9740 Fax (989) 821-5595

CROSS SHIP GUARANTEE FORM

Date _____

In order to cross ship product to you, we must have current credit card information from you. Your credit card will be credited provided we receive original product, in original condition and packaging, within 10 days of the execution of this agreement.

Customer Information

Name (as it appears on credit card): _____

Address: _____

City: _____

State and ZIP: _____

Contact Name: _____

Phone: _____ Fax: _____ e-mail: _____

Card Holder's Signature:

Card Code Located on Back of Card as extension of CC #

Product Returned

Reason

Original Cost

Date of Original Purchase

Yes, I would like all future purchases to be charged to my Credit Card Listed on this form.

VISA/MASTER CARD/AMEX/DISCOVER

(circle one)

EXPIRATION