

I hereby authorize RLP UNIFORM to charge the credit card account listed below as payment for my order. The amount of the charge is not to exceed the amount shown below plus freight charges. I have read and agree to the return and cancellation policy shown below and on page 2 of this form.

MAXIMUM DOLLAR AMOUNT OF CHARGE EXCLUDING FREIGHT CHARGES:

\$ \_\_\_\_\_

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
SECURITY CODE

**RETURN/CANCELLATION POLICY:** ALL SALES ARE FINAL. ONCE PLACED, ORDERS MAY NOT BE CANCELLED OR CHANGED. AT OUR DISCRETION WE WILL ALLOW EXCHANGES OF ITEMS CLAIMED TO BE DEFECTIVE OR UNWORN, UNALTERED ITEMS IN NEW CONDITION FOR DIFFERENT COLORS, SIZES OR DIFFERENT MERCHANDISE PROVIDED YOU REQUEST THE EXCHANGE IN WRITING WITHIN FIVE BUSINESS DAYS FROM RECEIPT OF YOUR ORDER AND THAT YOU REORDER MERCHANDISE OF EQUAL OR GREATER VALUE AT THE TIME YOU REQUEST THE EXCHANGE. UNDER NO CIRCUMSTANCES WILL WE ISSUE REFUNDS OR AN OPEN MERCHANDISE CREDIT. ALL EXCHANGES MUST BE PRE-APPROVED IN WRITING BY RLP UNIFORM, ARE SUBJECT TO A 20% RESTOCKING FEE AND MUST BE RETURNED IN ACCORDANCE WITH OUR INSTRUCTIONS. ORDERS ARE CONSIDERED PLACED WHEN THEY ARE RECEIVED BY RLP UNIFORM VIA TELEPHONE, FAX, EMAIL OR REGULAR MAIL.

MERCHANDISE IS SUBJECT TO AVAILABILITY. RLP UNIFORM EXPRESSLY DISCLAIMS ANY LIABILITY FOR FAILURE TO SHIP ALL OR PART OF ANY ORDER. WE CANNOT GUARANTEE CURRENT OR FUTURE PRODUCT AVAILABILITY OR COMPLETION OF ANY ORDER IN ITS ENTIRETY. YOU AGREE THAT WE MAY SHIP AND INVOICE AN ORDER ALL AT ONE TIME OR AT MULTIPLE TIMES AS MERCHANDISE BECOMES AVAILABLE. IN THE EVENT THAT WE CANNOT SHIP ANY PORTION OF AN ORDER WITHIN 60 DAYS

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FROM THE DATE THE ORDER WAS PLACED OR 60 DAYS FROM ANY SHIP DATE PROMISED TO YOU IN WRITING, YOU MAY CANCEL ONLY THAT PORTION OF THE ORDER THAT WE HAVE NOT SHIPPED BY THAT TIME. YOU AGREE THAT PARTIAL SHIPMENTS WE MAKE ON AN ORDER ARE CONSIDERED COMPLETED AT THE TIME THEY SHIP AND YOU MAY NOT RETURN OR CANCEL ANY ITEM SHIPPED ON AN ORDER REGARDLESS OF WHETHER OR NOT WE ARE ABLE TO COMPLETE THE REMAINDER OF THE ORDER.

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**CARDHOLDER SIGNATURE****DATE SIGNED**

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**BILLING ADDRESS**

AS IT APPEARS ON CREDIT CARD BILLING STATEMENT

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**CARDHOLDER NAME**

AS IT APPEARS ON CREDIT CARD BILLING STATEMENT

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**CITY / STATE / ZIP**

AS IT APPEARS ON CREDIT CARD BILLING STATEMENT

PLEASE FAX COMPLETED FORM TO 888-870-5414 OR EMAIL TO [ACCOUNTSERVICES@RLPUNIFORM.COM](mailto:ACCOUNTSERVICES@RLPUNIFORM.COM)