



RECONDITIONING CUSTOMER INFORMATION SHEET

408 Carpenter Street
 Evansville, IN 47708
 Phone: 812-422-9066
 Fax: 812-618-9066

JOB / SCHOOL NAME: _____ **PO NUMBER:** _____

DATE: _____ **DEALER:** _____

SCHOOL CODE: _____ **SALES REP:** _____

1ST DOWN Recon Package TOUCH DOWN Recon Package (PI)

REQUESTED RETURN DATE: _____ **BILLING: NET 30:** _____

HELMETS: _____ **# BAGS:** _____ **AFTER:** _____

S-PADS: _____ **# BAGS:** _____ **ON DELIVERY:** _____

BEFORE: _____

SALES REP EMAIL ADDRESS: _____

BILL TO: _____ **SHIP TO:** _____

ADDRESS: _____ **ADDRESS:** _____

CITY: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____ **P.O.C.** _____ **PHONE:** _____

BUFF AND SHINE PAINT ALL SHELLS REPAINT PAINTED SHELLS ONLY

HELMET COLOR: _____ **CHANGE TO:** _____ **PAINT CODE** _____

FACEMASK COLOR: _____ **CHANGE TO:** _____ **COMPANY** _____

Do NOT replace missing or reject: **CHINSTRAPS:** **JAW PADS:**

Replace rejected / missing chinstraps with: 4 pt High 4 pt Low Hard Cup Soft Cup **COLOR:** _____

Helmet Reconditioning: Clean and sanitize interior and exterior of helmet and parts, plus chin straps. Inspect shells for cracks and defects. Record make, model, and manufactured date. Test and certify to NOCSAE standards. Reinstall faceguards. Install new warning labels, NOCSAE labels, and size stickers. Helmets will be returned game ready (Face Masks, Chin straps, Jawpads) unless otherwise noted in the "Special Instructions" section below. Interior parts that are replaced are extra.

ALL PREVIOUSLY PAINTED HELMETS WILL BE RE-PAINTED FOR QUALITY CONTROL.

Reject Shells will NOT be returned **ORDER RECEIVED BY:** _____ **COST:** _____

HELMET - Special Instructions:

Shoulder Pad Reconditioning: **Clean and Sanitize Only:** **Standard Process:**

Clean and Sanitize Only: Wash - Sanitize - (Replace laces and or straps and or T-Hooks) as needed - additional charge

Standard Process: Wash - Sanitize - Replace laces - straps - T-Hooks

SHOULDER PAD - Special Instructions:

OTHER RECONDITIONING:

SCHOOL INFORMATION:

ATHLETIC DIRECTOR: _____ **PHONE:** _____ **EMAIL:** _____

FOOTBALL HEAD COACH: _____ **PHONE:** _____ **EMAIL:** _____

HELMET ESTIMATE:	_____	X	_____	=	_____
SHOULDER PAD ESTIMATE:	_____	X	_____	=	_____
OTHER RECONDITIONING ESTIMATE:	_____	X	_____	=	_____
TOTAL ESTIMATE:					<input type="text"/>

NOTE: Estimate on order may vary. This variance may be due to excessive replacement parts necessary to recertify helmets. Mercury Sports policy is NOT to return reject shells / parts. By requesting rejects to be returned, Mercury Sports is released from liability if reject shells / parts are re-used in play.

DISCARD REJECTS - AUTHORIZED BY: _____ **DATE:** _____

RETURN REJECTS - AUTHORIZED BY: _____ **DATE:** _____