

TRISTAR MAIL-IN FORM

All Mail-In Items Must Include This 2-Page Form.

[illegible]

***** Please Proceed to Page 2 *****

TRISTAR MAIL-IN FORM (Page 2)

We are happy to have your item(s) signed, but we must do so under the following terms and conditions:

- Although we will make every effort to comply with your specific request(s) as to pen color, type of ink, location of signature(s), etc., we cannot guarantee them.
- We will do our best to have your item(s) signed by the requested guest(s), however, all guests reserve the right of refusal for any reason.
- We strongly recommend that you package your item(s) securely.
- Please also insure your item(s) as we are not responsible for any loss or damage caused by a carrier.
- If the value amount is in excess of \$100, insurance must be added to the order.
- The below insurance form covers your item(s) when they are sent back to you via FEDEX only.
- This form must be completely filled out and signed by you, the customer.
- If you do not need additional insurance, based on the value of your item being less than \$100, please write 0 in Line 1 below, and fill out the rest of the form.

*****Insurance is only needed (and required) if an item you are sending is valued over \$100 BEFORE the autograph(s) you are requesting has been signed on your item. *****

Item Description	Item Value Pre-Signature

Line 1	(R0203) Insurance - \$.50 per \$100	
Line 2	Total from Page 1 (including sales tax for TEXAS shows)	
Line 3	Total:	

PAYMENT BY CHECK / MONEY ORDER		
Check/MO #	Amount	
PAYMENT BY CREDIT CARD		
Name on Card		
Credit Card #		
Exp. Date		Billing Zip
CVV#		
<small>If paying by credit card, you MUST provide a CVV#. The CVV# is a 3-digit number located on the back of your card, following the last 4-digits of your credit card number (for American Express, this is a 4-digit number located on the front of your card, following the card number).</small>		

CUSTOMER SHIPPING INFORMATION	
All fields are REQUIRED – Please write legibly	
Name	
Address (No P.O. Box)	
City/State/Zip	
Address Type (Circle)	Home Office
Daytime Phone #	
Email	

All of the above terms and conditions on both pages are hereby expressly agreed to and accepted by:

Signature: _____ Date: _____

*** Completely fill out this 2-page form and sign above. Please send in both pages of the form. ***