

Plattsburgh Shoe Hospital WORK REQUEST FORM

Mail to:

Plattsburgh Shoe Hospital
63 Valcour Heights Dr
Peru, NY 12972
shoedoc66@charter.net

-Print this page and fill in all information and send this form in with your item(s)

Name	Address	Phone	Email

Rubber brand and thickness (check one below)	Number of pairs, brand and model example: 1pr 5.10 Hueco										
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> No preference</td> <td style="width: 50%; border: none;"><input type="checkbox"/> 4 mm</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> XS Edge</td> <td style="border: none;"><input type="checkbox"/> 5.5 mm</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 5.10 C4</td> <td style="border: none;"><input type="checkbox"/> same as original</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> New Laces</td> <td style="border: none;"><input type="checkbox"/> 3.5mm super thin</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Stitch uppers</td> <td></td> </tr> </table>	<input type="checkbox"/> No preference	<input type="checkbox"/> 4 mm	<input type="checkbox"/> XS Edge	<input type="checkbox"/> 5.5 mm	<input type="checkbox"/> 5.10 C4	<input type="checkbox"/> same as original	<input type="checkbox"/> New Laces	<input type="checkbox"/> 3.5mm super thin	<input type="checkbox"/> Stitch uppers		
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<input type="checkbox"/> New Laces	<input type="checkbox"/> 3.5mm super thin										
<input type="checkbox"/> Stitch uppers											



Payment : Credit Card

Check or Money Order

Check one: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Check <input type="checkbox"/> Money Order Security(cvv)Code ____
Credit Card Number: _____-_____-_____-_____ Expiration Date: _____
Signature _____ Date _____

Credit Card Billing Address (if different from above)/ Comments