Plattsburgh Shoe Hospital

markmpsh@gmail.com
518-534-6439
Work Request Form

Mail to:
Plattsburgh Shoe Hospital
63 Valcour Heights Dr.
Peru, NY 12972

Return Address:

Name: _____

Street/PO Box: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Fill in all information, print, and send this form with your shoes.

Premium Sticky Rubber:

- ☐ Vibram XS Edge
- ☐ XS Grip
- ☐ XS Grip 2
- ☐ Davos Zero Stick
- ☐ Technostick (yellow, non-marking indoor/outdoor)
- ☐ Unparalell RH
- ☐ No Preference, use rubber and thickness best suited for shoe design

Rubber Thickness

- ☐ 4 mm
- ☐ 5 mm

Other Options

- ☐ Stitch uppers
- ☐ New Laces

List number of pairs, brand, model, and size

Comments:

Payment: Credit Card, Check, Money Order

☐ Visa ☐ Mastercard ☐ Check ☐ Money Order

Credit Card # _____ _____ _____ _____ Exp. Date _____

Security Code (cvv) _____

Signature_____

Payment information must be correct, please review.

Credit Card Billing Address (if different than Return Address)

Name: _____

Street/PO Box: _____

City: _____ State: _____ Zip: _____