

Plattsburgh Shoe Hospital

Shoedoc66@charter.net

Work Request Form

Mail to:

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

Name	<input type="text"/>
Return Address	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

Fill in all information, print, and include this form with your shoe(s).

Premium Sticky Rubber: <input type="checkbox"/> Vibram XS Edge <input type="checkbox"/> XS Grip <input type="checkbox"/> XS Grip 2 <input type="checkbox"/> Davos Zero Stick <input type="checkbox"/> Technostick (yellow, non-marking indoor/outdoor) <input type="checkbox"/> Unparalell RH <input type="checkbox"/> No Preference, use rubber and thickness best suited for shoe design,	Rubber Thickness: <input type="checkbox"/> 4 mm <input type="checkbox"/> 5 mm	Other Options: <input type="checkbox"/> Stitch Uppers <input type="checkbox"/> New Laces
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List number of pairs, brand, model, and size.	Comments.
<input type="text"/>	<input type="text"/>

Payment: Credit Card, Check, Money Order



<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order						
Credit Card #	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Exp. Date	<input type="text"/>
Security Code (cvv)	<input type="text"/>	Date	<input type="text"/>						
Signature:	<input type="text"/>								
Payment Information must be correct, please review.									
Credit Card Billing Address (if different from Return Address)									
<input type="text"/>									