

MATERIALS & EQUIPMENT ORDER FORM



Complete and Fax this Form to: 909-595-8742 or Call 800-942-2272

ACCOUNT #: _____
 CUSTOMER NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

P.O. #: _____
 ORDER DATE: ____ / ____ / ____
 TELEPHONE: _____

PRODUCT	SIZE	QTY	PRICE	TOTAL
Vinyl Covers (4.5" x 12")			\$1.00	
Leather Covers (4.5" x 12")			\$4.00	
Suede Covers (4.5" x 12")			\$4.00	
Cambrelle Covers (4.5" x 12")			\$1.00	
Drilex Cover (4.5" x 12") 1/16"			\$3.25	
Drilex Cover (4.5" x 12") 1/8"			\$3.50	
Poron (4.5" x 12") 1/16"			\$2.00	
Poron (4.5" x 12") 1/8"			\$2.50	
Poron (4.5" x 12") 1/4"			\$5.00	
Neolon (4.5" x 12") 1/8" <input type="checkbox"/> Firm/Black <input type="checkbox"/> Soft/Purple			\$3.00	
Neolon (4.5" x 12") 1/16" Firm Black			\$3.00	
Heel Plate Material (3" x 24" x .06")			\$1.25	
Crepe Rubber (3" x 4" x 3/8") <input type="checkbox"/> White <input type="checkbox"/> Black			\$2.00	
Black Crepe Rubber (4.5" x 9") - 1/8"			\$4.00	
Black Crepe Rubber (4.5" x 9") - 1/4"			\$4.00	
Black Crepe Rubber (4.5" x 9") - 3/8"			\$4.00	
White Crepe Rubber (4.5" x 9") - 1/8"			\$4.00	
White Crepe Rubber (4.5" x 9") - 1/4"			\$4.00	
White Crepe Rubber (4.5" x 9") - 3/8"			\$4.00	
Neolon 1/8" - Poron 1/16" Inlays per Shoe Size (1 pair)			\$22.00	
Glue Pot <input type="checkbox"/> Small - \$30 <input type="checkbox"/> Large - \$40				
1" Brush			\$1.00	
Heel Lift (Sm., Med., Lg.) 1/8" / 1/4" / 3/8"			\$3.25	
Heel Lift (Sm., Med., Lg.) Tapered to Mets			\$5.50	
Sole Lift - 1/8" Sized to Shoe			\$7.50	
2° Posting Strip w/adhesive back (2 1/2" X 18")			\$10.00	
3° Posting Strip w/adhesive back (2 1/2" X 18")			\$10.00	
4° Posting Strip w/adhesive back (2 1/2" X 18")			\$10.00	
Met Pad			\$2.25	
Plaster Splints (Box of 50)			\$45.00	
Impression Foam (1 Boxed Pair)			\$8.00	
Impression Foam - Case (12 Boxed Pairs)			\$90.00	
Graphite Foot Plate			\$30.00	
Graphite Turf Toe Plate			\$45.00	

*All orders ship UPS Ground, unless arrangements for an alternate carrier or expedited shipping is confirmed prior to fulfilling an order.

Check Enclosed
 Please Bill My Account #: _____
 Sign _____

SUBTOTAL	
SHIPPING & HANDLING <small>*UPS PUBLISHED RATE UP TO \$100 ORDERED, FREE OVER \$100</small>	
SALES TAX <small>9.5% - CA RESIDENTS ONLY</small>	
ORDER TOTAL	

Please charge my Credit Card for the item(s) ordered above. Visa M.C. Amer. Exp.
 Card # _____ Exp. Date _____ Security Code #: _____
 Card Statement Address _____
 City _____ State _____ Zip _____