



PATIENT (IF APPLICABLE)

BILLING / SHIPPING

Date (dd/mm/yy)		
Last Name/Patient ID		
First Name		
DOB	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
Dx	Need by date	

Billing Address	
*City	
*ST/Prov	*Zip/Postal Code
<input type="checkbox"/> Shipping address same as billing	

COMPANY

*Name		
Contact Name		
*Phone	Fax	
E-mail		

Shipping Address	
City	
ST/Prov	Zip/Postal Code
PO#	

Shoes are sold as pairs and cannot be sold separately. Half sizes are not available.

ATHLETIC SHOES

WHITE & PINK

Size	QTY	Size	QTY
3		8	
4		9	
5		10	
6		11	
7		12	

WHITE & BLUE

Size	QTY	Size	QTY
3		8	
4		9	
5		10	
6		11	
7		12	

ALL BLACK

Size	QTY	Size	QTY
3		8	
4		9	
5		10	
6		11	
7		12	

1 PAIR/ PACK - WHITE ONLY

Size	Toddler Shoe Size 3-6	Small Shoe Size 7-10	Medium Shoe Size 11-3
QTY			

SMO SOCKS

SHIPPING OPTIONS

- UPS Ground \$10.00
- 3 Day Select \$15.00
- 2nd Day (by 12:00 p.m.) \$30.00
- Next Day Saver \$45.00
- Next Day (by 10:30 a.m.) \$55.00

PAYMENT INFORMATION

Bill Existing Surestep Account

Those without an existing account must provide credit card information to place an order. Please call a Surestep Customer Service Representative with any questions you may have regarding your order.

Credit Card Number

[16 digit credit card number input boxes]

Discover Visa MasterCard American Express

Expiration Date

[Expiration date input box]

Month Year

Security Code

[Security code input box]

Signature (as shown on credit card)

Date

RETURN POLICY Returns will be accepted for this product given that it remains in its original condition and is received within 10 days of the purchase date. Modified or damaged products will not be accepted. Products will be inspected upon return. To receive full reimbursement for your purchase, please complete the return form included in the packaging and follow the instructions indicated.