

PATIENT (IF APPLICABLE) BILLING / SHIPPING

Date		Billing Address	
Patient ID			
Age (in years)		*City	
Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	*ST/Prov	*Zip/Postal Code
Dx	Need by date	<input type="checkbox"/> Shipping address same as billing	

COMPANY		Shipping Address	
*Name			
Contact Name		City	
*Phone	Fax	ST/Prov	Zip/Postal Code
E-mail		PO#	

Size	3T	4T	5T	6T	7T	8T	9T	10Y	11Y	12Y	13Y	1Y	2Y	3Y
Style	QTY	QTY	QTY	QTY	QTY	QTY	QTY	QTY	QTY	QTY	QTY	QTY	QTY	QTY
Purple														
Green														
Gold														
Black & Gray														
Heel Entry														
Sandal														

SMO Socks 1 Pair/Pack, White or Black			
Size	Toddler 2" x 5 1/2"	Small 2 1/4" x 7"	Medium 2 3/4" x 8"
Qty			
Color	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> X-static	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> X-static	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> X-static

AFO Socks 1 Pair/Pack, White or Black				
Size	Infant 1 3/4" x 7 1/4"	Toddler 2" x 9"	Small 2 1/4" x 12"	Medium 3" x 15"
Qty				
Color	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> X-static	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> X-static	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> X-static	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> X-static

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

FedEx SHIPPING OPTIONS

<input type="checkbox"/> Ground® \$10.00	<input type="checkbox"/> Priority Overnight® 10:30 a.m. next business day \$55.00
<input type="checkbox"/> 2 Day® A.M. 10:30 a.m. or noon 2 nd business day \$30.00	<input type="checkbox"/> First Overnight® 8:00 a.m. next business day \$100.00

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	Expiration Date	Security Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Month Year	

Signature (as shown on credit card)	Date
<input type="text"/>	<input type="text"/>

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.