

Order Form

Item: *Developing Shoe Last Collections*

CD ROM Digital Publication



Price: **\$ 39.95**

Includes Shipping & Handling

- Ordering Procedure:**
1. Print the Order Form
 2. Complete the Information
 3. Sign & Date the Order Form
 4. Send the Order Form & Payment to ShoeSchool
 5. Credit Card Purchases can be Signed and Faxed

- Payment Options:**
- 1. Certified Bank Check, USD, Issued by a US Bank
 - 2. Master Card / Visa (see # 5 above)

- Shipping:** Price Includes First Class US Mail Delivery
- Faster Delivery Options:**
- Priority Mail 2-3 Day add \$ 4.00
 - UPS 2 Day add \$ 18.00

30 Day Warranty: ShoeSchool will replace any defective CD ROM product within 30 days of purchase.

Refund Policy: All Sales Are Final on Digital Publications. No Refunds or Returns, Except for Warranty.

I have reviewed the "Sample PDF" for this publication and would like to order the Full Version.
I accept the Warranty and Refund Policies associated with the purchase of this CD ROM Digital Publication.

Initial Here To Accept Warranty & Refund Policy

\$ 30 Rebate Offer

Receive a \$ 30 Rebate with your first order for shoe lasts from ShoeSchool
Within 90 Days of Purchase of CD ROM

Offer subject to the availability of shoe last resources to ShoeSchool. The global changes in the shoe industry have limited the number of shoe last manufacturers. We can only redeem this rebate offer if we have a source of supply at that time.

Shipping & Payment Information

Ordered By:

Name: _____
Please Print

Mailing Address: _____

Shipping Address: _____
Required for UPS Shipments

City: _____

State: _____ Zip: _____ Country: _____

Phone: (we will call if there is a question about your order)

Day: _____ Eve: _____

Fax: _____ Cell: _____

eMail: _____

ITEM	QTY.	PRICE	TOTAL
<i>Developing Shoe Last Collections</i>	_____	\$ 39.95	_____
CD ROM Digital Publication			
		Priority Mail add \$ 4	_____
		UPS 2 Day add \$ 18	_____
<small>Prices Effective January 2002.</small>		Total Price	_____
		<small>Wa. State Residents Add 8.9% Sales Tax</small>	_____
		TOTAL	_____
<small>Prices Subject to Change Without Notice.</small>			

Payment Method:

Certified Check MasterCard Visa

Credit Card Account #

Expiration Date:

Signature: _____
As Shown on Credit Card Date Signed _____

Fax / Send To:

ShoeSchool
P.O. Box 1349
Port Townsend, WA 98368

Fax / Phone: 360.385.6164

Website: www.ShoeSchool.com