



ShoeSchool™ P.O. Box 1349 Port Townsend, Washington 98368

Phone / Fax: 360.385.6164
www.ShoeSchool.com

Credit Card Payment Form & Refund Waiver

In consideration for Digitoe accepting my credit card as a method of payment, for products, services, consulting, or Shoe School fees, that I will or have received:

1. I agree to waive any and all rights to a refund for those products, services, consulting, or Shoe School fees, under any circumstances whatsoever.
2. I understand that signing this waiver voids my "refund rights", according to the terms of my agreement with my Visa or Master Card, credit card company.

NAME _____
PRINT NAME

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ - _____

Email _____

SIGNATURE _____

DATE _____

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CREDIT CARD TYPE: VISA____ MASTERCARD _____

CARD # _____ EXPIRATION _____

CREDIT CARD SALES DRAFT # _____

FOR: PRODUCT, SERVICE, CONSULTING, SHOE SCHOOL TOTAL AMOUNT \$ _____

Description: _____

Fax the Completed & Signed Form to: 360.385.6164