

Today's Date: _____ Facility Name: _____

Address: _____

Telephone: _____ Fax: _____

Contact Person: _____

Qty	Accessories / Fitting Components	Unit Price	Amount
	Brannock Device	\$75	
	Ritz Stick	\$15	
	Pressure Stats	\$6 per pair	
	Foam Impression Box	\$4 per box pair	
	Prepaid Return Envelopes	\$4 each	
	Standard Seamless Socks	\$5 per pair	
	Quad Fold Brochures (100)	\$15	
	Shoe Catalog	\$17	
	Implementation Binder	\$17	
	Tongue Pads	\$1 each	
	Heel Grips	\$1 per pair	
	Adjustable Heel Lifts	\$4 per pair	
	Met Pads	\$3 per pair	
	Measuring Kit (Foam Box, 2 Pressure Stats, Return Envelope)	\$14	
	Shoe Horns (10 Pack)	\$40	
	Foot Exam Mirror	\$20	

Total	Shipping	
	Tax (Some Accessories) CA Only	
	TOTAL	

I am authorized to bind my facility to the terms of this order and agree to pay the amount(s) indicated.

Signature _____ Date _____