Office use only		use only	Please give us a brief description of the Shoe
Date Received			
	ETA		
Lilbi	4760 Lawrence Ste C-1, Lilb	r and Pedorthics, Inc. ceville Hwy NW ourn GA 30047 21-4480	Shoe Lift
1.	Print and Fill out the	e Form	Height Weight
	2. Print Mailing Label		With this information we may choose to use a different kind material for different needs.
Note			
•	Most work is done an 10 days.	d ready to ship with-in a week to	♦ Send only shoe requiring a lift
Name:	You should give us a make sure your shoes We also repair (you cooks Soles and Heels Western Boots Birkenstock Elastics & Velcro Buckles & Snaps Hooks, Eyes, & Foods Purses & Bags Linings & Rips in		If you know you need a specific lift size added at certain points please indicate those on chart above. If left blank we will use our expertise to appropriately roll and taper the shoe with the lift size indicated below.  Shoe Lift Size (Millimeter or Inch):
			Payment Information
Shipping Address:			Total Amount To Be Charged:
			Type(circle one) Visa MasterCard Discover
City:		State: Zip:	Name on card:
Phone:			Credit Card #
			Exp Date: CVV code:
Email:			Authorization Signature:
please include and if you would like a conformation of receipt and a delivery ETA			Billing Address of Card ( if different from shipping)
			Address

City:

Zip:

State:

Please Check here if you have written any question or comments on back