Lilburn Shoe Repair and Pedorthics, Inc.

4760 Lawrenceville Hwy NW Ste C-1, Lilburn GA 30047 770-921-4480

- 1. Print and Fill out Form
- 2. Print Mailing Label
- 3. Ship it!
- 4. We will Repair and Ship them Back

Note

Name:

- Most work is done and ready to ship with-in a week to ten days.
- You should give us a call or email us if you want to make sure your shoes are done by a certain day.
- We also repair (Call Or email to discuss prices)
 - *Soles and Heels
- *Linings & Rips in leather
 - *Western Boots
- *Purses & Bags
- *Birkenstock
- *Hooks, Eyes, & Rivets
- *Elastics & Velcro *Buckles & Snaps

Customer Information (Please Print)

Shipping Address:		
City:	State:	Zip:
Phone:		
Email:		
Please include email if	You would like a confir	mation of return delivery
	a brief description	· · · · · · · · · · · · · · · · · · ·

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

Shoe Lift					
Height	Weight				
With this information we may choose to use a different kind					
material for different needs.					
,	hoe requiring a lift				
	ed a specific lift size added at certain				
points please indica	te 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):					
☐ 1/4" - \$65.00	Honeycombing - \$10.00				
☐ 1/2" - \$70.00	Flare -25 \$25.00				
3/4" - \$75.00	☐ Thomas Heel - \$50.00				
1." - \$85.00	Lateral Wedge - \$50.00				
1 1/4" - \$95.00	Medial Wedge - \$50.00				
1 1/2" - 105.00	Offset Heel - \$50.00				
1 3/4" - 130.00	Rigid Rocker Sole - \$75.00				
2." - 145.00	Ship Insurance \$1 per \$100				

*Sorry we do not accept America Express

Type(circle one) Visa MasterCard Discover Name on card: Credit Card # Exp Date: CVV code: Authorization Signature: Billing Address of Card (if different from shipping)	Payment Information						
Name on card: Credit Card # Exp Date: CVV code: Authorization Signature: Billing Address of Card (if different from shipping)	Total Amount To Be Charged:						
Name on card: Credit Card # Exp Date: CVV code: Authorization Signature: Billing Address of Card (if different from shipping) Address:	Type(circle one)	Visa	MasterCard	Discover			
Exp Date: CVV code: Authorization Signature: Billing Address of Card (if different from shipping)	Name on card:						
Authorization Signature: Billing Address of Card (if different from shipping)	Credit Card #						
Billing Address of Card (if different from shipping)	Exp Date:		CVV co	ode:			
	Authorization Signa	ture:					
Address:	Billing Address of C	Card (if dif	ferent from shipp	ping)			
	Address:						
City: State: Zip:	City:		State:	Zip:			

If you prefer you can write call for payment