Snowshoe Repair Order Form

Please print this from & include it with your shipment

Name	Email	
Address		
City	State Zip Code	Mountain Soles
Day Phone	Evening Phone	1623 SE 12th Portland, OR 97282 www.mountainsoles.com

Order Information:

Shipping Address:

Item/ Model:		Repairs Needed/ Comments:		
Choose ONE option:	 Please just fix it! This is the fastest way to avoid delays and get your work done. 	O Proceed with repairs up to	Email first with estimate Choosing this option may extend the turn around time.	

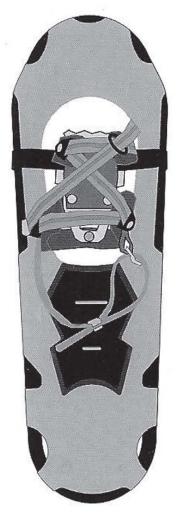
For pricing information, please refer to the <u>snowshoe page on our web site</u>. We do not contact customers with estimates if repairs will cost less than \$20 + return shipping. Return shipping will be calculated upon completion and added to your total repair cost.

Repair Estimate =		+ Return Shipping		
Internal Use Only	Repair Co	sts:		
Date Received:	Return Sh	ipping:		
Date Shipped Back:	Total Cos	t:	Notes:	
Payment Informat	tion:			
○ Mastercard () Discover () \	/isa	We DO NOT accept CASH OR CHECKS via mail.	
Cardholder Name:			Billing Address:	
Card Number:			State: Zip Code	
Expiration Date (mm/yy): / Verfication #:			Please review this page, print it, and sign it at the Then follow the directions on page 2. Include both pages with your snowshoes. Ship your box to us at the address on the bottom of page 2. Thank you!	
Cardholder Signature:			P	age 1
The bottom portion of	this form will be destroy	/ed after we have charg	ed your credit card.	-









LEFT SHOE

RIGHT SHOE

Print this form. Draw on the pictures above to indicate where your snowshoe(s) need to be repaired, and make notes if needed. Include both pages with the item to be repaired. Please send both snowshoes, even if only one is broken. Then ship your box to the address shown below. Thank you!

\Downarrow Cut along line and tape to box for shipping \Downarrow	↓ FOR OFFICE USE ↓	
Ship To:	Date Received:	
MOUNTAIN SOLES	Date Completed:	
1623 SE 12th	Notes:	
PORTLAND, OR 97214		Page 2