



12460 SW
Broadway St.
Beaverton,
OR 97005
503.643.1266

Shoe Service Q&A Form

Required Contact Information

Name _____

Phone Number (____) ____-_____

Address Line 1 _____

Address Line 2 _____

City _____ State _____

Zip _____

Optional Contact Information

Customer Since _____

Birthday Club

Day _____

Month _____

Email _____

Describe What's Being Fixed?

☐ Men's Shoes

☐ Women's Shoes

☐ Orthopedic Shoe/Insert
modification to foot doctor
Rx prescription

☐ Men's Boots

☐ Women's Boots

More Information

Color _____

☐ Single Item

What Do You Want Done?

Soles

☐ Full Half Guards (protective half sole)

☐ Just Toe Section

☐ Re-attach

☐ Shine

☐ Waterproof

Cleaning _____

Heels

☐ High Heel Tips

☐ Regular Heels

☐ Re-attach

Stretch

☐ Width

☐ Length

☐ Arch

☐ Shaft

Orthopedics and Lifts

☐ Shoe

☐ Length

☐ Height - (How much to add)

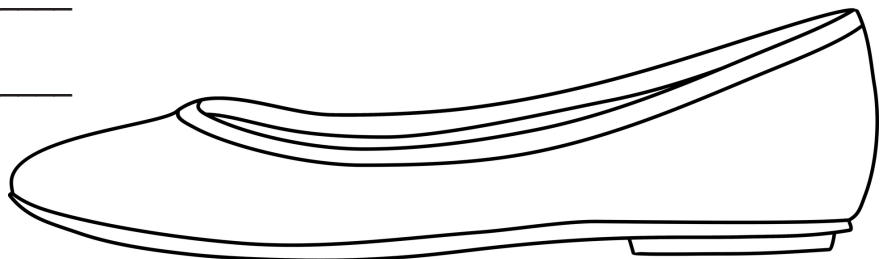
☐ Removable?

☐ Other details - (Rx-Prescription)

What Do You Want Done?

Please mark on these shoes the areas you'd like us to address, and share any information you'd like us to know below:







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