

# A - BOND SHOE & FOOT : Fax Order Form

Employee Name: \_\_\_\_\_ Employee # \_\_\_\_\_

Facility \_\_\_\_\_ Job Charge: \_\_\_\_\_ Work Group: \_\_\_\_\_

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<u>Item #</u>	<u>Item Description</u>	<u>Size</u>	<u>Retail Price</u>
_____	_____	_____	_____
_____	_____	_____	_____
			TOTAL _____

Employee Signature: \_\_\_\_\_

Manager's Approval: \_\_\_\_\_

Please fax or e-mail completed form to:

**SHIP TO:**

BOND SHOE & FOOT  
100 Maple Street  
Stoneham, MA 02180  
TEL: 781-933-0602  
FAX: 781-497-2926  
E-MAIL: [ShoehandFoot@aol.com](mailto:ShoehandFoot@aol.com)

Facility: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

If you are visiting the BOND SHOE & FOOT showroom in person, please bring completed form with you.

Do you have any foot-related medical problems, such as Diabetes? YES \_\_\_ NO \_\_\_