

BELLAIRE SHOE HOSPITAL

Mail Order Repair Service

Date: _____ / _____ / _____

Your Name: _____

Your Address: _____

Phone: _____ (_____) _____

Type of Goods to be Repaired (please circle): Shoes Boots Belt Handbag Other

Value of Items (for return shipping):

Type of Repair (please circle): Shine & Buff Resole Heel Recondition Other:

Please describe what you would like to be done: _____

We will call you when we receive your package and give you an estimate.

Thank you!