

Ray's Shoe Repair

Repair Form

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Best Time to Call: _____

E-mail: _____

Description of Repair:

Brand: _____ Color: _____ Size: _____

Repair Price: \$_____

Shipping: \$8.95 (Flat Rate) Any additional charge will be covered by us.

Total: \$_____

Make your check or money order payable to "Ray's Shoe Repair".