



This form is valid toward Red Wing authorized footwear only.

SECTION 1: To Be Completed by Terminal Manager - All fields are Mandatory

Employee Name:		Terminal Manager Name:	
Employee ID Number:		Terminal Manager Signature:	
Employee Signature: (sign when form received)		Voucher issued date:	Void 30 days from issue date
Terminal Code: _____		Location (One box must be checked): LME St Paul <input type="checkbox"/> Superior Cartage <input type="checkbox"/>	

Red Wing Shoe Retailer:

1. This is a Red Wing National Account. By accepting this form you agree to the terms and conditions of this National Account. If you have questions please call 1-800-239-1064.
2. This voucher may be used toward the purchase of ONE pair of approved footwear only. **No accessories allowed.** Only sell approved styles on the current year price list.
3. **Section one must be completed in full. Forms that do not have all fields completed will be returned to you unpaid.**
4. Make a copy of this completed form for your records and send original to: Red Wing Brands of America, Inc, Attn: National Accounts, 314 Main Street, Red Wing, MN 55066. **Forms must be received in Red Wing within 10 days from the date order is filled to process.** Do not mail to Red Wing until **after the Employee has received their footwear**
5. Do not collect any money at the time of sale. Any balance over the subsidy will be payroll deducted.
6. **Please check for valid Driver's license or employer photo ID for this transaction to be valid**

SECTION 2: To Be Completed By Red Wing Dealer

Style:	Size:	Width:	Price:	\$
Special Order: Please Print Ship To Address Below			Tax:	\$
			Total:	\$
			Less Subsidy :	<\$100.00>
Seven Digit Red Wing Store Account #			Balance:	\$
			The employee has an option to pay for any balance at the time of purchase or to have the balance payroll deducted. Check one box below.	
			<input type="checkbox"/> Amount Paid By Employee at Purchase: <\$ >	
Sale date:			<input type="checkbox"/> Amount for Payroll deduction: \$	

Employee Signature _____ Date _____

By signing above I certify that I have received (ordered) the approved footwear recorded above. I understand that any balance above the subsidy recorded above is my sole responsibility. If the "Payroll Deduction" box above is checked, I know that the amount listed in that box will be processed in my company-sponsored payroll deduction program. If I am no longer with the company within 30 days of this transaction the subsidy may be taken from my final payroll check.



To locate a Red Wing Retailer near you, visit redwingsafety.com or call 1-800-239-1064 (M-F 7am – 4 pm CST)

Revised 06.21.2011