



VIANNA SHOE REPAIR

DATE:

___/___/___

Ticket number: _____

(internal use only)

Name _____

Work# _____ Cell _____

Email _____

Email _____

Company _____

Location (ex.; floor, suite #, tower.) _____

Check all that apply

I would like to receive promotions and e-coupons.

I would like to join the email office visit notification.

I do not longer wish to receive the above(s).

other _____

1. Make your selection for shine

Shine (___ cream or ___ polish)

Mink oil

Wash

2. Make your selection for repair

Rubber heels

Insoles

English heels

Elastic

Italian heels

Taps

Full soles

Glue

½ soles

Fix rips

Broken heels

Back line

Zipper

Lifts

Sewing

Just a quote

Other _____

3. Need supplies?

Cedar wood shoe tree (shoe size # _____)

Shoelaces

Shoe horn

Polish/cream

Suede Brush

Other _____

I agree with the terms and conditions described at www.viannashoerepair.com, as well displayed at our store.