



www.walkfit.com

RE-ORDER FORM INSTRUCTIONS

- 1** Fill out name and address on the Re-Order Form on back.
- 2** Specify size and quantity. Calculate total to include shipping & processing. (\$5.95)
- 3** Include a check (payable to *WalkFit™*), or fill out credit card information. Send Re-Order Form with payment to:

P.O. Box 3241
Hollywood, CA 90078
800-554-6051

THE WALKFIT™

“LOVE IT OR RETURN IT” GUARANTEE

If, within 30 days of receiving *WalkFit™* Orthotics, you are not thrilled with your results, simply return them for a complete refund of your purchase price (less shipping and processing).

RETURN TO:

P.O. Box 3241
Hollywood, CA 90078
800-554-6051

LIFETIME REPLACEMENT WARRANTY

If you want to replace your *WalkFit™* by Phase 4 Orthotics® for any reason, just return them to the address listed above (with \$5.95 shipping & processing), and we will exchange them for FREE, FOREVER.

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RE-ORDER FORM

1 RE-ORDER FORM

As a *WalkFit™* Orthotics customer, you are entitled to order additional *WalkFit™* by Phase 4 Orthotics® for yourself, family and friends at the low TV price of only \$19.95 per pair (plus \$5.95 shipping & processing).

NAME: _____

ADDRESS: _____

CITY: _____

STATE: ZIP: _____

2 QUANTITY

MEN	SIZE <input type="checkbox"/>	QUANTITY
	SIZE <input type="checkbox"/>	QUANTITY
	SIZE <input type="checkbox"/>	QUANTITY
WOMEN	SIZE <input type="checkbox"/>	QUANTITY
	SIZE <input type="checkbox"/>	QUANTITY
	SIZE <input type="checkbox"/>	QUANTITY

SIZE	MALE	FEMALE
A		5-5.5
B		6-6.5
C	6-6.5 <input type="checkbox"/>	7-7.5
D	7-7.5 <input type="checkbox"/>	8-8.5
E	8-8.5 <input type="checkbox"/>	9-9.5
F	9-9.5 <input type="checkbox"/>	10-10.5
G	10-10.5 <input type="checkbox"/>	11-11.5
H	11-11.5 <input type="checkbox"/>	12-12.5
I	12-12.5	
J	13-13.5	
K	14-14.5	

3 PAYMENT

Check payable to *WalkFit™* enclosed
(include \$5.95 shipping & processing)

AMEX VISA MASTER CARD DISCOVER

CARD # _____

EXP. DATE _____

SIGNATURE _____

SEND TO:

P.O. Box 3241
Hollywood, CA 90078
800-554-6051

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