

LEGION ORTHOPEDICS LLP

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Order date _____

Reference Order # _____

REFURBISH EASY FORM

June 2023

PAYMENT INFORMATION **CUSTOMER INFORMATION**

Name: _____

PayPal ID: _____

Check / Money order Request Payment

**** All Sales are FINAL **** Enclosed Template

Notes / Instructions: _____

Name: _____

Age: _____ sex: _____

Address: _____

City: _____ Zip Code: _____

E-mail: _____

Tel: _____ Fax: _____

REFURBISH	TYPE	LENGTH SELECTION	SIZE	QTY	TOTAL
◇	New Cover on top of old only				
	Vinyl Foam Leather Neoprene				
◇	Replace Top Covers				
	Vinyl Foam Leather Neoprene				
◇	Replace Top padding with cover				
	Vinyl Foam Leather Neoprene				
◇	Renew Bottom post only				
◇	Renew Bottom Arch fill only				
◇	Restore All				
DUPLICATE SERVICE	(OPTIONAL)	LENGTH SELECTION	SIZE	QTY	TOTAL
◇	New pair short length similar to pair sent	Short			
	Vinyl Foam Leather Neoprene				
◇	New pair similar to pair sent	3/4 (Sulcus)	Full		
	Vinyl Foam Leather Neoprene				
SHIPPING					
TOTAL					