

RETURN / ORDER FORM

PLEASE PRINT CLEARLY

DATE _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

RETURNING:

Name of Shoe	Size	Style#	Color	Price Ea.	Qty	TOTAL

ORDERING:

Name of Shoe	Size	1st Color Choice Style#	2nd Color Choice Style#	Price Ea.	Qty	TOTAL

Exchange Postage - Domestic Orders \$5.00

Exchange Postage - Intl. Orders \$37.00

Total Amount Ordered \$ _____

Total Due
Moccashoes \$ _____

Check One

or
 Total Due
Customer \$ _____

Thank you,

PLEASE NOTIFY US IF YOU HAVE A CHANGE OF ADDRESS

**17161 Newport Club Dr. • BOCA RATON, FL 33496
or Fax: 561-241-3982**