



ShoeSchool™ P.O. Box 1349 Port Townsend, Washington 98368

Phone / Fax: 360.385.6164

www.ShoeSchool.com

Credit Card Payment Form & Refund Waiver

In consideration for Digitoe accepting my credit card as a method of payment, for products, services, consulting, or Shoe School fees, that I will or have received:

1. I agree to waive any and all rights to a refund for products, services, consulting, or Shoe School Fees, under any circumstances whatsoever.
2. I understand that signing this waiver voids my "refund rights", according to the terms of my agreement with my Visa, Master Card or American Express credit card company.

NAME _____
PRINT NAME

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ - _____

eMail: _____

SIGNATURE _____

DATE _____

.....

CREDIT CARD TYPE: VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____

CARD # _____ EXPIRATION _____

CVV2 SECURITY CODE: _____

FOR: PRODUCT, SERVICE, CONSULTING, SHOE SCHOOL FEE TOTAL AMOUNT \$ _____

DESCRIPTION: _____

Fax the Completed & Signed Form to: 360.385.6164