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Gold Insoles Order Sheet

Account #: _____ - _____ - _____ Date: _____ PO #: _____

Buyer: _____ Company Name: _____

Ship to: _____

Street / Suite

City

State

Zip

Phone #

Fax #

Email

Billing Address If Different: _____

Street / Suite

City

State

Zip

Phone #

Fax #

Email

Size	Quantity / Rigidity			Color
	Mild	Medium	Max	
M 1&2 / W 3&4 / Shell 32	_____	_____	_____	Tan <input type="checkbox"/>
M 3&4 / W 5&6 / Shell 34	_____	_____	_____	
M 5&6 / W 7&8 / Shell 36	_____	_____	_____	Black <input type="checkbox"/>
M 7&8 / W 9&10 / Shell 38	_____	_____	_____	
M 9&10 / W 11&12 / Shell 40	_____	_____	_____	
M 11&12 / W 13&14 / Shell 42	_____	_____	_____	
M 13&14 / W 15&16 / Shell 44	_____	_____	_____	
M 15&16 / W 17&18 / Shell 46	_____	_____	_____	
Total Quantity:	_____	_____	_____	

* Please use a separate form for each color choice.*