



SUPADANCE®

SPECIAL ORDER FORM*

NAME-----

ADDRESS-----

POST/ZIP CODE-----

| STYLE | COLOUR/MATERIAL | HEEL SIZE | SIZE | QTY | PRICE |
|-------|-----------------|-----------|------|-----|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

We acknowledge receipt of your order for the above shoes which are not a stock line and will have to be made to special order. We would like to make you aware that because of this they are **non-returnable**. It is important therefore that all details such as style, size, colour, material and heel height as listed above are correct. To accept these terms and proceed with the order please sign below and return the complete form to us.

Please allow approx 4-6 weeks to manufacture your order.

Signed-----

Date-----

**Upon completion, please return this form to:
City-Limits Shop, 607-613 Penistone Rd, Sheffield S6 2GA
or fax it to +44 114 285 5422.*

DEBIT/CREDIT Card details:

No _____ Exp ____/____

Issue _____ Starts ____/____