



Order Form

Company

Street

Contact

Upper model

Lining material

Name

ZIP

City

Customer ID

Upper material

Color

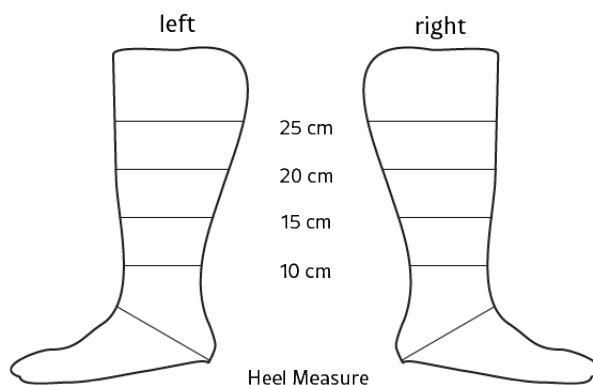
Boots/ankle boots dimensions Upper height according to catalogue

Upper height with cork left _____ cm

Upper height with cork right _____ cm

Closing scope left _____ cm

Closing scope right _____ cm

**Insole**own insole leather type 14 splitted (leather/Texon) type 11 BSM Texon slightly reinforced **Front cap**regular front cap left right shortened fc extended fc missing front cap left right inside outside **Rear cap**

regular rear cap

HP 40 leather Rhenoflex own supplied pero cap left right leather ErkoFlex arthrodesis cap left right leather ErkoFlex ankle support left right leather ErkoFlex inside outside arthrodesis flap left right leather ErkoFlex

reinforced with _____

welt _____

casing _____

sole material _____

sole reinforcement left right Insole role left right steep heel drop wedge base

heel height (without welt and insole) _____

specials

*(e.g. heel role, buffer**heel, role strength etc.)*

other