



# INQUIRY FORM

**NOTE:** To expedite your order, please specify how you would like us to proceed based on product availability and price.

**Alternate Selection:** If we can not fulfill your order, MBS will provide you with pictures of alternate footwear available in your size. If you wish to select a different item, please respond with your alternate style and size. By making this selection you are permitting MBS to make the substitution and that you will not receive your original purchase.

**Discontinued Items:** Items ordered which have been discontinued and are no longer available will be noted in our response. Your money will be returned or you will be asked to make another selection.

**Special Orders:** Special orders for unique sizes or applications are subject to manufacturers availability and facility approval. Once your shoes have been ordered, please be patient. Delivery can take several additional weeks to receive. If you cannot afford to wait, let us know. Your order will be cancelled and your payment returned.

**Outside Purchases:** For all outside orders we require payments to be returned to the purchaser. If you are making an outside order request, please make sure your family/friend specifies their name, address and telephone number. We accept Money Orders, and Major Credit Cards (*Visa, Master Card, Discover, American Express*).

**Warranty:** All products are warranted against manufacturing defects. Before sending back used, worn or defective shoes, please write us first. Shoes will not be replaced for excessive wear or abuse.

**Catalog Errors:** Every effort has been made to show and describe the merchandise in this catalog as accurately as possible. However, many manufacturers make minor changes in design specification, color, and style during the year. We regret any typographical errors or descriptions we may have overlooked. Prices and specifications are subject to change without notice.



1252 Haddonfield-Berlin Road  
Voorhees, NJ 08043

PLACE  
STAMP  
HERE

State Correctional Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Institutional Number \_\_\_\_\_

Housing Unit \_\_\_\_\_

NOTES \_\_\_\_\_

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