

Competitive Hoof Boot Upgrade Program



EasyCare

easycareinc.com

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Bill to: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Email: _____

Ship to: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Special Notes or Instructions:

Returned Boots

QTY.	SIZE	DESCRIPTION

**Please note: Boots submitted for the Hoof Boot Upgrade Program cannot be returned under any circumstances.*

New EasyCare Boots

QTY.	ITEM #	SIZE	DESCRIPTION	UNIT COST	TOTAL COST

Payment

Card # (Visa, MasterCard, or Discover only) – Personal checks accepted

_____ Exp. _____

Signature: _____

Select Shipping Option:

- UPS Ground [\$15]
- UPS 2nd Day [\$30]
- UPS NextDayAir [\$50]
- International Freight*

*calculated by actual cost

Subtotal: _____

8.1% Sales Tax
(AZ Residents Only)

Shipping:
(Rush Shipping Extra)

TOTAL: _____