

Employee Shoes For Crews Purchase Agreement

This form is intended to be used for Shoes For Crews' orders that an employee is paying for. Please contact Human Resources at 740.695.7050 with any questions.

| | EMPLOYEE INFORM | MATION | | | |
|----------------|--|---------------------------|---------------------|------------------|-------|
| Employee Name: | | | Store Name: | | |
| | Today's Date: | | Store Number: | | |
| Email Address: | | | | | |
| | Email Address: | | Employee ID: | | |
| | ORDER REQUEST | | | | |
| S | hoe Style Number | Quantity Needed | Size | Width | Color |
| | | | | | |
| Cost | | | | | |
| | Shoe Price Shipping | | Tax | Total | |
| | | | | | |
| | | Commercial Shipping Rates | |] | |
| QUANTITY | | QUICKSHIP (1-3 Days) | 2 nd Day | Next Day | |
| | 1 Pair | \$7.98 per pair | \$12.98 per pair | \$19.98 per pair | |
| | 2 Pairs | \$6.48 per pair | \$10.98 per pair | \$17.98 per pa | ir |
| | I hereby authorize Riesbeck Food Markets, Inc. to deduct the total amount of my order over the next three (3) pay periods, to be deducted in three (3) equal amounts. I understand that this is a temporary deduction to be taken until I have paid the full amount owed for my uniform purchase. Furthermore, I understand that should I separate from employment before the full amount is collected, the remaining balance will be deducted from my final paycheck. | | | | |
| | Employee's Signature: | | | Date: | _ |
| | Fax Completed Order Form | to: Attn Human Resource | es 740.695.7043 | | |