



# Contractor's Supplies, Inc.

P.O. Box 150140 304 Webber Street Lufkin, Texas 75915-0140  
(936) 634-3341 Fax (936) 634-7869 [www.csiconcrete.com](http://www.csiconcrete.com)

*Since 1947*

## WORK BOOTS AUTHORIZATION / ORDER FORM

The following Contractor's Supplies, Inc. employee is authorized to receive the requested work boots (not to exceed \$150.00):

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Location #: \_\_\_\_\_

Boot Style: \_\_\_\_\_ Size: \_\_\_\_\_ Cost: \_\_\_\_\_

By signing below, I agree to the following terms and conditions:

- I have elected to participate in the payroll deduction option as a means of purchasing the above mentioned work boots. Effective immediately, I authorize the amount of \$10.00 per week be payroll deducted until the balance of this purchase is paid in full.
- In the event of termination of employment at Contractor's Supplies, Inc., I authorize that the full amount of the balance due be deducted from my final paycheck.
- I acknowledge that Contractor's Supplies, Inc. is not responsible for any defects or deficiencies found with the product(s) and if any defects or deficiencies are found, it is my responsibility to contact the retailer and/or manufacturer to resolve the matter.

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Employee's Signature

**Retailer: Please fax this form and a copy of the sales receipt to:**

**Contractor's Supplies, Inc. Payroll Department  
Fax: 936-634-3432**