

Pedors Shoes 3595 Canton Road Suite 312-316 Marietta GA 30066 www.pedors247.com

2023 Quick Fax Order Form 800 446 3101

Pedors Shoes

500 Black Mary Jane \$57.00 **501** Beige Mary Jane \$57.00 600 Black Classic \$57.00 601 Beige Classic \$57.00 605 Brown Classic \$57.00 **MX600** Black MAX \$59.75

SL600 Black Slides \$57.00 **600-H** Black High-Top \$66.00 800 Strech Walker \$72.00 **WRX600** Wrap Sandal \$54.00 701 Back Clog \$52.00 700 Beige Clog \$52.00

All Genext Shoes \$65.00

G =Genext, C=Comfort, A=Active, V=Velcro, L=Lace 10=Black, 20= White, M=Men's, W=Women's

GCL10M GAL10M GAV10M GCL10W GAL10W **GAV10W** GCV10M GAL20M GAV20M GCV10W GAL20W **GAV20W**

GAL40M = Men's Brown Hiker

GAL45W = Women's Grey/Red Hiker **GAL50M** = Men's Black/Grey Hiker

Items

Item Code	Male or Female	Size	Width	QTY	Patient Name/PO
Order Comments:					
Name		Con	npany Name ₋		
Tel E	mail				_ PO#
Shipping Address					

PEDORS247.COM WHOLESALE PRICE LIST 2023

Phone: 800 750 6729 | Fax: 800 446 3101 | EMAIL: support@pedors247.com

Pedors	Description	Wholesale Per Pair	MSRP / MAP
600, 601, 605	Pedors Classic Black, Beige, Brown	\$57.00	\$144.00
MX600	Pedors Classic Max Black	\$59.75	\$156.00
SL600	Pedors Classic Slide	\$57.00	\$144.00
500, 501	Pedors Mary Jane Black	\$57.00	\$144.00
800	Pedors Stretch Walker Black	\$72.00	\$168.00
700, 701	Pedors Stretch Clog, Beige, Black	\$52.00	\$119.00
WRX600	Pedors Wrap Sandal	\$54.00	\$120.00
600-H	Pedors High-Top	\$66.00	\$162.00
3P Ins	Pedors Pack of Three Pairs Heat Moldable Inserts	\$30.00 (per pack)	\$65.00 (per pack)
2P Ins	Pedors Pack of Three Pairs Heat Moldable Inserts	\$30.00 (per pack)	\$65.00 (per pack)

Genext Orthotics

BOS	Genext Active Orthotic	\$21.00	\$65.00
GENDO	Genext Dress Orthotic	\$23.00	\$69.00

Only Pedors Authorized Dealers (PAD) are permitted to sell Pedors Products Online and must adhere to MAP pricing. To become a PAD please contact stepehenohare@pedors.com

Order Online at: www.pedors247.com

or <u>www.pedorsburten.com</u> **Pay with:**

orwww.pedorsruby.comCredit Card OnlineFax:800 446 3101Credit Card On FileEmail:support@pedors247.comCredit Terms

Vendor Support <u>www.pedors247.com</u>

Call: 800 750 6729

Shipping Rates: \$16 first item \$6 for each subsequent item **OR WE CAN SHIP ON YOUR SHIPPING ACCOUNT**

(call in to place UPS/ FEDEX account number on file)

International Phone: USA 770 218 8282 International Fax: USA 770 218 9027 Pedors Shoes 3595 Canton Rd Suite 312-316 Marietta GA 30066

online

| phone | fax

pedors247.com 800 750 6729

800 446 3101

Simple Order Form - Fax: 800 446 3101

Item Code	Male or Female	Size	Width	Qty	Unit Price	Total \$	Patient Name/PO
Do you have an	account set	up with	us already	? (please	circle) Y	es N	o Not Sure
Name			Comp	oany Nan	ne		
Tel	Em	nail				PO#	
Shipping Addre	ss						



PEDORS® CREDIT CARD REGISTRATION FORM

Please keep on file my credit cards, listed below, to be used for payment of my orders

ACCOUNT INFORMATION								
Customer Number:								
Customer Name:								
DBA Name:								
	CREDIT CARD INFORMATION							
Forms bearing a full	R CARDNUMBER ON THIS FORM ** card number will be returned without processing digits of your card number; our credit department will contact you w	with your full card number						
	Please check:							
Card Number One	Master Card Vi	ísa AMEX						
Cardholder Billing Name:	* Last 4-digits of Card Num	mber						
Cardholder Billing Address:	Expiration Month/Year:							
City, State, Zip Code:								
Cardholder Phone Number:	E-Mail Address:							
Card Number Two	Master Card Vi	isa AMEX						
Cardholder Billing Name:	* Last 4-digits of Card Num	mber						
Cardholder Billing Address:	Expiration Month/Year:							
City, State, Zip Code:								
Cardholder Phone Number:	E-Mail Address:							
	ry invoice when products are shipped							
CARDHOLDER SIGNATURE		Date						
CARDHOLDER NAME		Title						

For the protection of your information, please fax this form to Pedors Shoes, Attention Credit Department, Fax 800 446 3101

Credit Department Phone #: 800 750 6729





WHOLESALE

Questions? Call 800 750 6729 Int (+1) 770 218 8282

www.pedors247.com support@pedors247.com

Pedors Classic



Designed For: Swollen feet, wider feet, forefoot deformities, diabetes, arthritis.









ColorsBlack (#600)
Beige (#601)
Brown (#605)

Widths Medium (B/C) Wide (D/E) X-Wide (2E)

Sizes Women's 3 - 17 Men's 7 - 15

Sizing Advice

- · Order customer's usual shoe size
- · For mild swelling go up one width
- For severe swelling please view the Pedors Classic MAX

Questions?

USA Tel: 800 750 6729 | International Call (+1) 770 218 8282

Pedors Classic MAX



Designed For: Venous insufficiency, Edema, Lymphedema, wrapped or bandaged feet, wound care, post op, recovery, healing shoe.









Colors Black (#MX600)

Widths X-W (2E) XX-W (4E) XXX-W (6E)

Sizes Women's 3 - 17 Men's 7 - 15

Sizing Advice

Sizing Advice: Mild edema XW (2E) Significant Edema XXW (4E) Severe Edema/ Lymphedema / Wrapped or Bandaged Feet XXXW (6E) + full size larger than previous size prior to condition.

Questions?

USA Tel: 800 750 6729 | International Call (+1) 770 218 8282

Pedors Mary Jane



Designed For: Designed as a dress shoe for forefoot deformities and edema. Open face can accommodate severe edema.





Colors Black (#500) Beige (#501)



Widths Medium (B/C) Wide (D/E) X-Wide (2E)



Sizes Women's 5 - 12

Sizing Advice

- Order customer's usual shoe size
- If the customer is experiencing swelling, order the X-Wide Width
- Not intended for people with very swollen feet or Lymphedema

Questions?

USA Tel: 800 750 6729 | International Call (+1) 770 218 8282

Pedors Classic Slide

Designed For: Very Swollen Feet, Edema, Lymphedema, Bunions, Hammertoes





Colors Black (#SL600)



Widths XXX-Wide (6E)



Sizes Women's 7 - 17 Men's 7 - 15

Sizing Advice

As this pair of shoes is typically ordered for Lymphedema or very swollen feet, we recommend ordering a full size larger than what you consider to be the customer's normal shoe size

Questions?

USA Tel: 800 750 6729 | International Call (+1) 770 218 8282

Pedors Stretch Walkers



Designed For: Accommodating AFO's, hammertoes, bracing, custom orthotics, edema. Removable spacers for additional depth





Closures Touch Closure (#800)



Widths Wide (D/E) X-Wide (2E) XX-Wide (4E)



Sizes Women's 5 - 17 Men's 7 - 15

Sizing Advice

- Order your usual shoe size
- For mild swelling go up one width
- Heavy Swelling / Bracing order the XX-W (4E)

Questions?

USA Tel: 800 750 6729 | International Call (+1) 770 218 8282

Pedors MAX Wrap Sandal

Designed For: Wrapped or bandaged feet. Wound care, severe edema, lymphedema, post-op recovery shoe









Widths XXX-Wide (6E)



SizesWomen's 5 - 17
Men's 7 - 15

Sizing Advice

As this pair of shoes is typically ordered for Lymphedema or very swollen feet, we recommend ordering a full size larger than normal for the patient

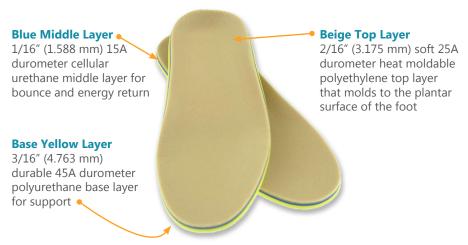
Questions?

USA Tel: 800 750 6729 | International Call (+1) 770 218 8282

Pedors 3P Insoles / Inserts



Designed For: Tri-lam Heat Moldable Diabetic Insert also fitted for additional plantar comfort



The 3P Insert are sized to our 4E last. Some trimming may be required for narrower widths. For 6E widths go up one size and trim if needed.







Sizing Advice

- Women's 5 22 | Men's 7 19
- Order your customer's usual shoe size
- These inserts work with all widths of Pedors

Do I have to heat mold them? Required for pre-fabricated Medicare diabetic insert reimbursement but optional for non-reimbursement. The inserts will mold to the shape of the customer's foot over a short period of time and will continue to get ever more comfortable

Questions?

USA Tel: 800 750 6729 | International Call (+1) 770 218 8282

Genext Active Orthotics

Designed For: Heel Pain (Plantar Fasciitis), Ball Of Foot Pain (Metatarsalgia), Alignment, Stability, Sore Feet





Sizes Women's 5 - 12 Men's 7 - 15



Heel OptionsNeutral: normal arch
Posted: flat feet or
fallen arches



Forefoot Options
Neutral - normal
Met Pad - for ball of
foot pain

Uses

Genext Active Orthotics are designed to help combat Plantar Fasciitis (Heel Pain) Metatarsalgia (Ball Of Foot Pain), Sore and Tired feet, alignment issues, fallen arches and much more.

Questions?

USA Tel: 800 750 6729 | International Call (+1) 770 218 8282

Pedors Euro Style Clog

Designed For: Women with bunions. Lightweight indoor / outdoor shoe

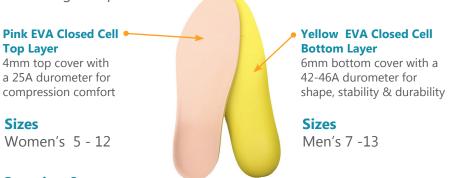


Blown EVA Sole make for a super light-weight pair of mules

Colors	Width	Sizes
Black (#701)	Medium Width	Women's 5 - 12
Beige (#700)	(stretches to a wide)	

Pedors 2P Inserts

Designed For: The Pedors Bi-laminate (2P) insert was developed to fit into non-extra-depth shoes where additional plantar support and cushioning is required.



Questions?

USA Tel: 800 750 6729 | International Call (+1) 770 218 8282

Pedors High-Tops



Designed For: Swollen Feet, Hammertoes, Sore Feet, Wheelchair, Extra Wide Feet, Deep Boots, Diabetes, Arthritis, Orthotic Shoes



Toe Spring Reduces risk of trips and falls



Color Black Only



Widths XX-Wide (4E) Only



SizesWomen's 1 - 17
Men's 7 - 15

Sizing Advice

Order your customer's usual shoe size

Special Feature

For a boot this functional one of the amazing things is how light it is!

Questions?

USA Tel: 800 750 6729 | International Call (+1) 770 218 8282

Order online or offline; by phone, fax or email anytime.

pedors247.com

Sign-up, order online, view product information, request marketing collateral, download fax order forms and more.

Tel: 800 750 6729

+1(770) 218 8282

Fax: 800 446 3101

+1(770) 218 9027

support@pedors247.com

letswalk.com

Referral & Facility Locator Service

pedors247.com

Fulfilled & Billed By Burten Distribution & Ruby Leather

Fax: 800 446 3101 Tel: 800 750 6729 Email info@pedors247.com

1. Company Information								
Full Legal Name/Business Entity				Phone #			Fax #	
Doing Business As (DBA)								
Billing Address				City		State		Zip
Company Type:								
☐ Proprietorship ☐ Partnership	□ Franchise	☐ Corpo		□ Other	:	A		Town of Decisions
No. of Employees	Year Bu	siness Esta	abiisnea			Annual Sales		Type of Business
Federal Tax ID (If Incorporated)	State of	Incorporation	on			DUNS# (if known)		
E-Mail Address of Main Contact	Email To	o Be Used F	For Online	e Log-in		Website:		
Owner Information								
Full Name (including middle initial)			Title			Social Security #		
Home Address			City		State	Zip	Phone #	
ste								
3. Bank Reference								
Bank Name		Account I	Number			Contact		
Address			City		State	Zip	Phone #	
Trade Credit References	·							
Company Name						Contact		
Address	City	State	Zip		Phone#		Fax#	
Company Name						Contact		
Address	City	State	Zip		Phone#		Fax#	
Credit Card Information								
Name on Card	Card Number				Expiratio	n Date	Security (Code
Billing Address			City		State	Zip	Phone #	
All companies must secure thei accuracy of provided information may elect to pay via credit card on file will be charged to settle account with net 30 day terms. hear from us within 3 business. We hereby apply for credit from responsibility, ability and willing warranted to be true and complimited to bank references, trad monthly finance charge of their collection and litigation on this all decisions with respect to the	on. Subsequent of as each order so your account. By We will ensure that days, please call a pedors247.com ness to pay involete. We hereby the credit reference maximum applicate account in accorded extension or contact.	orders, if hips or at y signing that your I 1-800-7 m (and af bices in ac authorizes, consumble state dance with ntinuation	credit is t the en below y applica 50-6729 ffiliates ccordan e you to umer ar e rate or th the la	s granted d of ever you acce tion is pr 9. Burten Ence with proverify and/or common all past aws of the dit shall be	I, may by month pt these ocessed Distribut oublished collection due balde Credito e in the	e paid from the If an account terms and cond I as quickly as position & Ruby Led terms. The about information on credit reports. Ances. We agreed to redit rest of local sole discretion	monthly s falls out o ditions to o ditions to o ditions to o dossible. I ather) and ove inform us, inclu We agree the to pay a proporation of the Cre	tatement or you f terms the card establish your f you do not d affirm financial mation is ding but not to pay a all costs of the We agree that editor.
Authorized Signature/Title:		Pr	inted N	ame			Date:	

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Genext® Orthotic Order Form - Fax: 800 446 3101

Active Orthotic Women's

Women's	5	6	7	8	9	10	11	12
Neutral Heel No Met Pad								
Neutral Heel With Met Pad								
Posted Heel No Met Pad								
Posted Heel With Met Pad								

Active Orthotic Men's

Women's	7	8	9	10	11	12	13	14	15
Neutral Heel No Met Pad									
Neutral Heel With Met Pad									
Posted Heel No Met Pad									
Posted Heel With Met Pad									

Dress Orthotic Women's

Women's	5	6	7	8	9	10	11	12
Neutral Heel No Met Pad								
Neutral Heel With Met Pad								

Dress Orthotic Men's

Women's	7	8	9	10	11	12	13	14	15
Neutral Heel No Met Pad									
Neutral Heel With Met Pad									

Do you have an account	set up with us a	lready? (please circle)	Yes	No	Not Sure
Name		Company Name			
Геl	Email		PO#		
Shipping Address					

online | phone | fax

pedors247.com 800 750 6729 800 446 3101

Insert Order Form - Fax: 800 446 3101

2P Bi-lam Inserts

Women's	6	7	8	9	10	11	12	13	14	15
Men's Equivalent				7	8	9	10	11	12	13
Packs of 3 Pairs										

3P Tri-lam Inserts

Women's	5	6	7	8	9	10	11	12	13	14	15	16	17	19	22
Men's Equivalent					7	8	9	10	11	12	13	14	15	17	20
Packs of 3 Pairs															

Do you have an accour	nt set up with us	Yes	No	Not Sure	
Name		Company Name			
Tel	_ Email		PO#		
Shipping Address					