



## INVENTORY ESTIMATE FORM

Please email completed form to [info@compasstocare.org](mailto:info@compasstocare.org) or fax to (312) 276-4524

GROUP CONTACT: \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_

GROUP/COMPANY NAME: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

SHIPPING CITY, STATE ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOW MANY PAIRS OF SHOELACES DO YOU THINK YOU WILL NEED? \*\* \_\_\_\_\_

DATE LACES NEED TO BE DELIVERED: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please provide an approximate number of laces you believe will be purchased by your students/athletes/community. This will help us determine the appropriate inventory we will need to hold for your group.**

**Please don't hesitate to contact us!**

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