



Z-Coil® Footwear Testimonial and Photo Form

Fax to: 832-242-6901

Name _____ Year of birth _____

Occupation _____

*Work Phone (____) _____ *Home Phone (____) _____

City _____ State _____

*E-mail Address _____

*Z-Coil will not release your phone numbers or e-mail address without your permission.

Photographs increase the impact of your story and help personalize your testimonial. May we arrange to photograph you in your Z-Coil® footwear, or would you prefer to send us a photograph?

- You may contact me about taking my picture
- No, I do not care to be photographed
- I will send **digital** photos via email to: Vicky@crazycoil.com
- I will **mail** photo prints to: [CraZcoil Footwear, 6604-B Southwest Freeway, Houston, Tx. 77074](#)
- I will **deliver** photo prints to this store location: -[Houston](#) -[League City](#) -[Conroe](#)

Thank you for sharing your Z-Coil story. Please include the following information in your testimonial: the **condition(s)** you suffered from prior to wearing Z-Coil® footwear, **2. where** and **when** you purchased your footwear, **3. why** you decided to try Z-Coil® footwear, **4. the immediate and long-term benefits** of wearing Z-Coil® footwear, **5. what** you tell people about Z-Coil® footwear.

(Please continue your story on the back.)

I give Z-Tech, Inc, dba Z-Coil Footwear, and its distributors, permission to reprint, in any medium, and distribute, in any market it has or may have and from time to time as it sees fit, my testimonial and photograph for promotional and commercial purposes. I agree that Z-Coil Footwear will not have any liability, for instance for libel, slander or invasion of privacy, to me or those claiming through me for doing so.

Signature _____ Date _____