



## **Super Shoes Partner PROgram**

### **Company Description:**

Super Shoes is a multi-location footwear retailer and a regional leader in safety footwear, work apparel, medical apparel, and medical footwear with locations in 8 contiguous states from Maine to Virginia (**ME, MD, NH, PA, VA, VT, and WV**). Our Website and Stores feature over 100 brands of footwear for the whole family in various categories, sizes, and widths. In addition to footwear, we offer a large variety of nursing apparel, work apparel and accessories.

### **Partner PROgram Description:**

The Super Shoes Partner PROgram is designed to create a seamless process for the employer that offers a stipend for an employee to purchase specific footwear or clothing requirements set forth by your company by saving time and money for both the employer and employee. By enrolling in the program, you will have the option to select specific items, specifications, and locations for your employees to adhere to when making a purchase.

Super Shoes will work directly with you to customize the account to fit your specific needs. Our Accounts Receivable Department will provide support through direct billing, payroll deduction, ACH payments and employee vouchers.

Our local store associates will provide fast, friendly and knowledgeable customer service to create a pleasant shopping experience for your employees while monitoring the integrity of the purchase to adhere to the specific guidelines set for by your company.

### **Enrollment Requirements:**

Complete the Direct Bill Partner PROgram Application, the Partner PROgram Specifications, and Partner PROgram Locations.

Submit the completed forms to one of the following:

[IHA@supershoes.com](mailto:IHA@supershoes.com) or your local Super Shoes location.

Thank you for your interest in our Partner PROgram. We are looking forward to working with you in the future!



OFFICE USE ONLY	
STORE NUMBER:	
STORE LOCATION:	

DIRECT BILL PARTNER PROGRAM APPLICATION

DATE:            /            /

COMPANY INFORMATION	
COMPANY NAME:	
TYPE OF BUSINESS:	
PRESIDENT/CEO:	
VICE PRESIDENT:	
TAX EXEMPT*: <input type="checkbox"/> YES <input type="checkbox"/> NO    *CERTIFICATE REQUIRED	TAX EXEMPT #:

FINANCIAL CONTACT		
PREFERRED METHOD OF CONTACT: <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> FAX		
BILL TO NAME:		
BILLING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
EMAIL:		
PAYMENTS ACCEPTED:    CHECK, CREDIT CARD, ACH	CONTACT ME FOR ACH PAYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

BANK REFERENCE	
BRANCH:	
ACCOUNT TYPE:	
PHONE NUMBER:	
CONTACT:	
DUNN & BRADSTREET # (IF APPLICABLE):	

TRADE REFERENCES	
COMPANY 1 (REQUIRED):	
ADDRESS:	
CONTACT NAME:	
PHONE NUMBER:	
COMPANY 2 (REQUIRED):	
ADDRESS:	
CONTACT NAME:	
PHONE NUMBER:	

**SUBMIT FORM TO YOUR LOCAL SUPER SHOES STORE OR EMAIL: IHA@SUPERSHOES.COM**

SUBMITTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

OFFICE USE ONLY	
SUPER SHOES EMPLOYEE (PRINT):	DATE:
SUPER SHOES EMPLOYEE (SIGNATURE):	

**\*PLEASE ALLOW UP TO 10 BUSINESS DAYS FOR APPLICATION APPROVAL\***



OFFICE USE ONLY	
STORE NUMBER:	
STORE LOCATION:	

PARTNER PROGRAM SPECIFICATIONS

DATE:        /        /

COMPANY NAME:		ALLOCATION AMOUNT:	\$
# OF EMPLOYEES:		ENTER THE AMOUNT ALLOCATED FOR EACH EMPLOYEE	

PROCUREMENT CONTACT (SAFETY DIRECTOR, HR MANAGER, ETC)		
CONTACT NAME:		
PREFERRED METHOD OF CONTACT: <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> FAX		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
EMAIL:		

PRODUCT SPECIFICATIONS (CHECK ALL THAT APPLY)				
	REQUIRED	ACCEPTED	DO <b>NOT</b> ALLOW	NOTE
METALLIC SAFETY TOE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COMPOSITE SAFETY TOE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WATERPROOF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INSULATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
METAL SHANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NON-METAL SHANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
METATARSAL GUARD (INTERNAL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
METATARSAL GUARD (EXTERNAL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OIL RESISTANT OUTSOLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SLIP RESISTANT OUTSOLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEAT RESISTANT OUTSOLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PUNCTURE RESISTANT OUTSOLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CONDUCTIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL HAZARD RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STATIC DISSIPATIVE (ESD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AIRPORT FRIENDLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UNIFORM PANTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UNIFORM TOPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MEDICAL ACCESSORIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LAB COATS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SOCKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FOOTWEAR ACCESSORIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER (PLEASE BE AS SPECIFIC AS POSSIBLE):				

ACCEPTABLE IDENTIFICATION (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Employee ID Badge	<input type="checkbox"/> Current Pay Stub	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Other

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OFFICE USE ONLY	
STORE NUMBER:	
STORE LOCATION:	

PARTNER PROGRAM LOCATIONS

DATE:            /            /

PURCHASE LOCATIONS			
LOCATION	ALLOWED	LOCATION	ALLOWED
<b>CHECK ALL THAT APPLY</b>			
ALL LOCATIONS	<input type="checkbox"/>	PA - ALTOONA	<input type="checkbox"/>
MD- CUMBERLAND	<input type="checkbox"/>	PA - CHAMBERSBURG	<input type="checkbox"/>
MD- HAGERSTOWN	<input type="checkbox"/>	PA - HANOVER	<input type="checkbox"/>
ME- AUBURN	<input type="checkbox"/>	PA - HARRISBURG	<input type="checkbox"/>
ME- BANGOR	<input type="checkbox"/>	PA - LANCASTER	<input type="checkbox"/>
ME - ELLSWORTH	<input type="checkbox"/>	PA - MECHANICSBURG	<input type="checkbox"/>
ME - ROCKPORT	<input type="checkbox"/>	PA - MUNCY	<input type="checkbox"/>
ME- SOUTH PORTLAND	<input type="checkbox"/>	PA - READING	<input type="checkbox"/>
ME- WATERTOWN	<input type="checkbox"/>	PA - REEDSVILLE	<input type="checkbox"/>
NH- CHICHESTER	<input type="checkbox"/>	PA - YORK (EAST)	<input type="checkbox"/>
NH - CONWAY	<input type="checkbox"/>	PA - YORK (WEST)	<input type="checkbox"/>
NH- LITTLETON	<input type="checkbox"/>	VA - CHARLOTTESVILLE	<input type="checkbox"/>
NH - MANCHESTER	<input type="checkbox"/>	VA - CHRISTIANSBURG	<input type="checkbox"/>
NH - WEST LEBANON	<input type="checkbox"/>	VA- HARRISONBURG	<input type="checkbox"/>
NY- ALBANY	<input type="checkbox"/>	VA- LYNCHBURG	<input type="checkbox"/>
NY- AMSTERDAM	<input type="checkbox"/>	VA - ROANOKE	<input type="checkbox"/>
NY- LAKE PLACID	<input type="checkbox"/>	VA - SALEM	<input type="checkbox"/>
NY- PLATTSBURGH	<input type="checkbox"/>	VA - STAUNTON	<input type="checkbox"/>
NY - QUEENSBURY	<input type="checkbox"/>	VT - BENNINGTON	<input type="checkbox"/>
NY - TRENTON	<input type="checkbox"/>	VT - RUTLAND	<input type="checkbox"/>
		WV - MARTINSBURG	<input type="checkbox"/>

VOUCHER CONTACT (If same as Procurement Contact, simply write "Procurement Contact")		
CONTACT NAME:		
SHIPPING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
EMAIL:		

**SUBMIT FORM TO YOUR LOCAL SUPER SHOES STORE OR VIA EMAIL: IHA@SUPERSHOES.COM**

REVISED 7/24/2023

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