

**ORDER FORM**

To place an order please copy this form and email or fax it to the address below

Please print name and address CLEARLY.

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

DIVE SHOP NAME: \_\_\_\_\_ PO #: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

DAY PHONE ( ) \_\_\_\_\_

EVENING PHONE ( ) \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_

RX		SPHERICAL	CYLINDER	AXIS	PRISM	BASE	P/D*
DISTANCE	OD RIGHT						FAR: NEAR:
	OS LEFT						FAR: NEAR:
ADD	OD RIGHT		INSTALL INTO MASK IF SUPPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	OS LEFT		*P/D – INTERPUPILARY DISTANCES (DISTANCES BETWEEN EYES) ARE NEEDED TO INSURE PROPER FABRICATION OF LENSES				

MANUFACTURER	MASK STYLE	ADP LENS NO.
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SHIPPING INSTRUCTIONS: (The shipping cost will be added to the invoice sub-total at the time of shipment)

REGULAR UPS     3 DAY     2<sup>ND</sup> DAY     Next DAY

Method of Payment:

Check \_\_\_ Money Order \_\_\_ Credit Card \_\_\_ Type: VISA/AMEX/MC/DISC: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Sec code \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Address the Credit Card Statement is sent to: \_\_\_\_\_

Would you like a courtesy call prior to shipment: Yes \_\_\_ No \_\_\_ Telephone Number: \_\_\_\_\_

OTHER Requests: \_\_\_\_\_

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