

**ORDER FORM**

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

**SHIP TO:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Please print name and address CLEARLY.

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

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

**COUNTRY** \_\_\_\_\_

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

**EVENING PHONE** ( ) \_\_\_\_\_

Mask Mfg. \_\_\_\_\_ Mask: Style/Name \_\_\_\_\_  
Are the lenses to be installed into a mask to be supplied by you: Yes \_\_\_ No \_\_\_

QTY	CATALOG NUMBER	UNIT PRICE	QTY * UNIT
Subtotal			\$
Calif. residents add 8% sales tax			\$
Add shipping charges			\$
Total amount due			\$

**Method of Payment:**

Check \_\_\_ Money Order \_\_\_ Credit Card \_\_\_ Type: VISA/AMEX/MC/DISC: \_\_\_\_\_  
Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ Credit Card sec code \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_  
Address the Credit Card Statement is sent to: \_\_\_\_\_

Shipping Instructions: (The shipping cost will be added to the invoice sub-total at the time of shipment) –  
UPS: Ground \_\_\_ 3<sup>RD</sup> Day \_\_\_ 2<sup>ND</sup> Day \_\_\_ Next Day \_\_\_  
Would you like a courtesy call prior to shipment: Yes \_\_\_ No \_\_\_ Telephone Number: \_\_\_\_\_  
Other Shipping Instructions: \_\_\_\_\_

8610 Central Avenue \* P.O. Box 127 \* Stanton, CA. 90680  
**Tel: 714-484-3200 \* Fax: 714-484-7600 \* aquaticoptics.sales@gmail.com**