

# Aquatic Optics, Inc. <sup>TM</sup>

## ORDER FORM

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

DATE: \_\_\_\_\_ P.O. # \_\_\_\_\_

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

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

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

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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

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

MANUFACTURER	MASK STYLE	ADP LENS NO.
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### 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**