# TD2 Warranty Claim Form

**Please print this form and mail to us with your glasses. You may pay via credit card section below or enclose a Money Order.**

**SafeVision, LLC, 8045 Big Bend Blvd. #110, Webster Groves, MO 63119**

**Call us if questions: 314-961-7406 / 888-254-7406 / sales@safevision.net**

**Customer Name** _____

**Company Name (if shipping to company)** _____

**Ship To Address** _____

**City** _____ **State** _____ **Zip** _____

**Day Phone #** _____ **Email** _____

**TD2 Return Authorization # provided by SafeVision: TD2-**_____

| | |
|---|---|
| Total TD2 Warranty Cost provided by SafeVision | $ |
| Optional: TD2 treatment on warranty claim lenses (add $39) | |
| Shipping Cost within 48 Continental United States: Free | 0.00 |
| Shipping Cost to Alaska or Hawaii (add $12) | |
| Shipping Cost to Canada (add $20) | |
| Shipping Cost to other countries (add $30) | |
| Subtotal of all costs | |
| Shipments to Missouri addresses please add 7.575% sales tax | |
| Grand Total | $ |

Payment Method: MC Visa Disc Amex

Name on Credit Card:

Credit Card #: Exp Date: **3 Digit Sec. Code**:

**Credit Card Billing Zip Code if different:**

**Questions/Comments:**