

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@safeyision.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 \$35)	
Shipping Cost (within 48 Continental United States add \$5)	
Shipping Cost (outside 48 Continental United States 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:	