UVEX XC & NORTH SAFETY GLASSES ORDER FORM

Please print this form and mail or fax to us with. Call us if questions: 314-961-7406 / 888-254-7406
If you are ordering prescription lenses from us for your North frames, also fax your current eyeglass Rx with pupil distance measurement.

If the pupil distance isn't on your Rx, call your eyeglass professional and write the measurement on your Rx.

Fax Orderform & your Rx to 314-558-1102 or mail to:

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

Your Name _____

Day Phone # _____ Evening Phone # _____

Address _____

City _____ State _____ Zip _____ Email _____

Order your North & Uvex Safety Frame & Rx Lenses (circle your choice)

North Lightning Black Frame with Clear Front Lens	$30
Rx insert for Lightning Frame ***Note: The Lightning is designed for combined sph/cyl +/- 4.00***	$20
Additional Front Lenses (snap in & out) @ $10 each (circle below) Clear Dark Smoke Yellow Multi-color Mirror	$
North Lightning Plus Black & Blue Frame with Clear Front Lens	$30
Rx insert for Lightning Plus Frame ***Note: The Lightning Plus is designed for combined sph/cyl +/- 4.00***	$20
Additional Front Lenses (snap in & out) @ $10 each (circle below) Clear Dark Smoke Yellow Multi-color Mirror	$
Uvex XC Black & Red Frame with Clear Front Lens	$30
Rx insert for Uvex XC ***Note: The XC is designed for combined sph/cyl +/- 5.00***	$20
Additional Front Lenses (snap in & out) @ $10 each (circle below) Clear Dark Smoke Yellow Multi-color Mirror	$
Polycarbonate Prescription lenses for your Frame & Rx insert: **Circle your choice below and enter the $ amount ----------->** **Single Vision - $55 Lined Bifocal - $75 Std. Progressive - $120** **Premium Progressive - $170 (SolaOne®, wider near zone, less peripheral distortion, a great progressive lens)**	***(Enter the $ amount for your prescription lenses below)*** $
Optional Zippered Hard Case w/ belt buckle (Add $15)	$
UPS Shipping Costs: $8 Ground, $18 2nd day, Outside cont. USA: $30	$
Subtotal of all costs	$
Payment Method: MC Visa Disc Amex	
Name on Credit Card:	
Credit Card Number: Exp. Date: 3 digit code:	
Billing Address & Zip:	
Questions/Comments:	
Thank you for your order!	