

# UVEX & NORTH SAFETY GLASSES ORDER FORM – Shooting Page

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 314-918-0057 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 (print email address clearly, for shipping confirm & tracking)

## Order your North & Uvex Safety Frame & Rx Lenses

<b>North Lightning</b> Black Frame with Clear Front Lens	\$30
<b>Rx insert for Lightning Frame (required for prescription orders)</b> <i>Note: The Lightning is designed for combined sph/cyl +/- 4.00</i>	\$20
Additional Front Lenses (snap in & out) @ \$10 each (circle below) Clear    Dark Smoke    Yellow    Multi-color Mirror	\$
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<b>North Lightning Plus</b> Black & Blue Frame with Clear Front Lens	\$30
<b>Rx insert for Lightning Plus Frame (required for prescription orders)</b> <i>Note: The Lightning Plus is designed for combined sph/cyl +/- 4.00</i>	\$20
Additional Front Lenses (snap in & out) @ \$10 each (circle below) Clear    Dark Smoke    Yellow    Multi-color Mirror	\$
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<b>Uvex XC</b> Black & Red Frame with Clear Front Lens	\$30
<b>Rx insert for Uvex HC (required for prescription orders)</b> <i>Note: The XC is designed for combined sph/cyl +/- 4.00</i>	\$20
Additional Front Lenses (snap in & out) @ \$10 each (circle below) Clear    Dark Smoke    Yellow    Multi-color Mirror	\$
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<b>Polycarbonate Prescription lenses for your frame and Rx insert:</b> <b>Circle your choice below and write the price in the box-----&gt;</b> <b>Single Vision - \$55    Lined Bifocal - \$75    Progressive - \$120</b> <b>(fax us a copy of your current eyeglass Rx with pupil distance meas.)</b>	\$
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<b>Hard case for your glasses (Add \$15)</b>	\$
<b>Shipping Costs: \$8 Ground, \$18 2<sup>nd</sup> day, Outside Cont. USA: \$30</b>	\$
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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:	
<hr/>	
<b>Thank you for your order!</b>	
<b>How did you hear about our Company? (Please put "X" to the left of your choice)</b>	
<input type="checkbox"/> Cowboy Chronicle <input type="checkbox"/> IDPA <input type="checkbox"/> USPSA <input type="checkbox"/> Guns & Ammo Mag. <input type="checkbox"/> Handguns Mag. <input type="checkbox"/> Google <input type="checkbox"/> Yahoo <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Repeat Customer	