

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

North Lightning Black Frame with Clear Front Lens	\$30
Rx insert for Lightning Frame (required for prescription orders) <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	\$
North Lightning Plus Black & Blue Frame with Clear Front Lens	\$30
Rx insert for Lightning Plus Frame (required for prescription orders) <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	\$
Uvex XC Black & Red Frame with Clear Front Lens	\$30
Rx insert for Uvex XC (required for prescription orders) <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	\$
Polycarbonate Prescription lenses for your frame and Rx insert: Circle your choice below and write the price in the box-----> Single Vision - \$70 Lined Bifocal - \$90 Progressive - \$135 (fax us a copy of your current eyeglass Rx with pupil distance meas.)	\$
Zippered Hard case for your glasses: Add \$15	\$
Rush: Glasses manufactured in 1 week: Add \$30	\$
Shipping Costs: \$8 Ground, \$18 2nd day, Outside Cont. USA: \$40	\$
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:	
Order policy: www.safevision.net/policy.html Thank you for your order!	
How did you hear about our Company? (Please put "X" to the left of your choice) ____ Google ____ Yahoo ____ Word of Mouth ____ Repeat Customer	

Note: Please ensure your Pupil Distance (PD) figure is on your prescription or your order will be delayed. If your PD is not on your prescription, call your eyeglass store and obtain the measurement and write it on your prescription for us.

Additional costs will be added for prescription items as follows: Prism: \$10, Sphere >6: \$20, Cylinder >2: \$10.