

ORDER FORM

To place an order please copy this form
And mail or fax it to the address below

<h2 style="margin: 0;">Aquatic Optics®</h2> <p style="margin: 0;"> <input type="checkbox"/> REQUEST FOR QUOTE <input type="checkbox"/> ORDER FORM </p>							
DATE: _____				DATE NEEDED: _____			
DIVE SHOP NAME: _____							
ADDRESS: _____							
CITY: _____				STATE: _____			
TELEPHONE: _____				ZIP CODE: _____			
ORDER GIVEN BY: _____				CUSTOMER: _____			
C.O.D.: _____				PREPAID: _____			
RX	SPHERE	CYLINDER	AXIS	PRISM	BASE	P/D	
DISTANCE	OD RIGHT					FAR:	
	OS LEFT					NEAR:	
ADD	OD RIGHT						
	OS LEFT						
MFG.	MASK STYLE	ADP LENS NO.	INSTALL INTO MASK SUPPLIED?				
			<input type="checkbox"/> YES <input type="checkbox"/> NO				
SHIPPING INSTRUCTIONS:							
<input type="checkbox"/> REGULAR APS <input type="checkbox"/> 3 DAY <input type="checkbox"/> 2ND DAY <input type="checkbox"/> 1 DAY							
CALL BEFORE SHIPPING			OTHER				