

## Returns Form

**Refund Details:** Replacement Required ☐ Credit Required ☐ Already Reordered ☐

Account Number\*:  Order Number\*:

Order/Reference\*:

Date Ordered\*:  Date Returned\*:

Contact Name\*:

Contact Number\*:

Original Order Attached (please circle)\*: **Y / N**

<input type="checkbox"/> Non Tolerance	<input type="checkbox"/> Scratch	<input type="checkbox"/> Missed Tint
<input type="checkbox"/> Power Off	<input type="checkbox"/> Tint Wrong	<input type="checkbox"/> Lens Small
<input type="checkbox"/> Axis Off	<input type="checkbox"/> Pits/Particles	<input type="checkbox"/> Wrong Product
<input type="checkbox"/> Prism Wrong	<input type="checkbox"/> Missed Coating	<input type="checkbox"/> Add Wrong
<input type="checkbox"/> Thickness	<input type="checkbox"/> Wrong Blank Size	<input type="checkbox"/> See Comments

Comments on  
Reason For  
Return: