

ORDER FORM




Email completed form by clicking link:

[EMAIL ORDER](#)

Ph: (02) 8872 3042 Fax: (02) 9871 8834

Business Name:		Order Number:	
Employee Name:		Contact Number:	
Delivery Address:		Date Ordered: DD / MM / YYYY	Date Required: DD / MM / YYYY

ITEM	DESCRIPTION	Please indicate 	PRICE	Comments
1	FRAME MODEL			
2	LENS TYPE	Single Vision Distance <input type="checkbox"/> <small>(Distance/Constant wear)</small> Single Vision Near <input type="checkbox"/> <small>(Reading only)</small> (included)	Bifocal <input type="checkbox"/> (add \$98) Progressive <input type="checkbox"/> (add \$148) ORDER APPROVED BY:
3	LENS TINT	Clear <input type="checkbox"/> <small>(no extra charge)</small>	Transitions <input type="checkbox"/> (add \$90) Polarised <input type="checkbox"/> (add \$128)	
Australia Post - Express Post Satchel			\$9.95	Email Orders to: info@worksafeeyewear.com.au Fax Orders to: 02 9871 8834 www.WorksafeEyewear.com.au
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Please attach employee's prescription details</div>			TOTAL	<div style="background-color: #4a86e8; color: white; padding: 5px; display: inline-block; text-decoration: none;">EMAIL ORDER</div>

Note: This order form constitutes an official order. Please ensure all information is correct before submitting to Sightmakers.