

Vision3k.com Fax Order Form

Tel: 01622 756640 Fax: 01622 753238 IPS House, Wallis Avenue, Maidstone, Kent ME15 9NE

Name:	
Address:	
Postcode/Zip:	
Telephone: (H)	
(W)	
e-Mail:	

PAYMENT DETAILS

(Vision3k.com accepts VISA, Mastercard, Switch and Solo.)

Card Type:			
Card Number:			
Name on Card:			
Start Date:			
Expiry Date:			
Issue #:		Last 3 Security Digits on Back of Card:	

PRESCRIPTION DETAILS (Where Applicable)

Client Name:							
	Base	Curve	Sphere	Cyl	Axis	Prism	Add
Right:							
Left:							
Optical Centre:							
Additional:							

(UK prescriptions must be faxed to us, by law.)

PRODUCT DETAILS

(Please indicate the item(s) you wish to order.)

Product 1:	
Product 2:	
Product 3:	
Product 4:	
Product 5:	

Date: _____ Signature: _____