

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (_____) - _____ - _____

Notes for our technicians:

We currently offer one convenient way to pay!

CREDIT CARD (enter info below)

Card type: _____ Name on card:

Card #: _____ CVC # (three digit code on the back of most cards): _____

Card expiration/valid thru date: ____/____ Billing Zip Code: _____ Amount authorized: \$_____

*You will be charged only \$37.95 for your repair, if any added charges are necessary our technicians will contact you.
Standard shipping is FREE, but if you would like Priority shipping, please add \$5.20

Shipping Label (Cut and tape/glue to the front of your package)

Manassas Eyeglass Repair
7573 Centreville Road
Manassas, VA 20111

Return Label (Include inside the package, with your glasses and Order Form)

Manassas Eyeglass Repair
7573 Centreville Road
Manassas, VA 20111
