



Order Form

Print for Postal, Fax & Telephone Orders

Need help filling this in?
Telephone **0161 790 0800**

Step 1 – Personalise Your Glasses

Choose Your Frame:

Frame Code: _____

Frame Colour: _____

I use my glasses for:

- Reading (Free)
- Computer Work (Free)
- Distance / Everything (Free)
- Bifocal Vision (+£25)

Optional Extras:

Brown Grey Green

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| Tinted Lenses (+£10) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Polarised Lenses (+£45) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transition Lenses (+£45) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Make my lenses thinner (+£45) | | | |
| <input type="checkbox"/> Anti-reflective coating (+£15) | | | |
| <input type="checkbox"/> UV400 protective coating (+£10) | | | |
| <input type="checkbox"/> Scratch resistant coating (+£5) | | | |

Frame Type: £ _____

Lens Type: £ _____

Optional Extras: £ _____

Postage & Packing: £ 2.50

Total Cost: £ _____

Step 2 – Your Prescription

I enclose my prescription or a copy of my prescription (RECOMMENDED)

My prescription details are as follows:

Right Eye:	Sphere SPH	Cylinder CYL	Axis (AXI)
Distance:			
Intermediate:			
Near:			
Right Intermediate Addition (ADD): _____			
Right Near Addition (ADD): _____			

Left Eye:	Sphere SPH	Cylinder CYL	Axis (AXI)
Distance:			
Intermediate:			
Near:			
Left Intermediate Addition (ADD): _____			
Left Near Addition (ADD): _____			

Pupillary Distance: _____

I confirm that I have read and agree to the Terms & Conditions of Sale, am over 18 years of age, am not registered blind or partially blind, do not suffer from glaucoma and my prescription is not over 2 years old.

Step 3 – Your Details

Mr Mrs Miss Ms Other (please specify): _____

First Names: _____

Email Address: _____

Surname: _____

Please tick this box if you do NOT want to receive offers and updates from glasses complete

Address: _____

Postcode: _____

Daytime Tel: _____

Evening Tel: _____

Step 4 – Method of Payment

Credit / Debit Card

Name (as it appears on the card): _____

Cheque / postal order
(made payable to
Glasses Complete Ltd)

Credit / Debit Card Number: _____

Visa Mastercard Switch Maestro Solo Delta Amex

Start Date: _____

Expiry Date: _____

Security Code: _____

Issue No.: _____

Post: Please send this form to **Glasses Complete Ltd**, 14 Hulton District Centre, Worlsey. M28 0AU

Fax: Please fax this form to 0161 790 0100

Telephone: Please ring us on 0161 790 0800