

Basics System Order Form



Office Name: _____
 Ship to the attention of: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Primary Surfacing Lab: _____

QTY	ITEM DESCRIPTION	PRICE EACH	TOTAL AMOUNT
	Basics System Starter Kit Includes: 200 Eye Guides 3 Polycore Folios 1 Training Guide	\$35.00	
	Polycore Folios (sold in quantities of 3)	\$15.00	
	Training Guide* (sold in quantities of 5)	\$10.00	
	Eye Guide* (sets of 200) Eye Guides can be imprinted with your office information. Please complete the box below to receive an imprint.	\$20.00	
		TOTAL	

Eye Guide Imprint Information: Space for 10 Lines Available

SAMPLE IMPRINT

Joe Smith Optical

1212 First Street
 Anywhere, CA 10000
 (123) 456-7890
 (234) 567-8901 fax
 Mon - Sat. 8:00am - 5:00pm

Dr. Joe Smith, OD
 Dr. Angie Jones, OD

You can bill the above charges to a Polycore Account or to your Credit Card. Please complete the appropriate section below.

Polycore Account Number _____

Credit Card Type Visa Mastercard Minimum charge of \$30.00 required for payment by credit card.

Credit Card Number: _____ Exp: _____

Card Holder Name: _____

Billing Address (if different from above): _____

Signature of Cardholder: _____