

PRE-REGISTRATION
ON-LINE CONTACT LENS ORDER
AUTHORIZATION

Name: _____

Daytime Phone Number: _____

VISA/Mastercard Number: _____

Expiration Date: _____

Please indicate your home and/or office mailing addresses that you would like to use for your contact lens orders. Please make note that most express delivery companies (Airborne, FedEx, etc.) require a signature for delivery. * If you cannot be present for delivery, leave a note at the address authorizing delivery without signature.

Home Address:

Office Address:

Fax to: Contact lens orders @ (410) 266-8629