

SEND FRAMES TO:



ATTN: Amcon Eyewear Repair
9735 Green Park Industrial Dr.
St. Louis, MO 63123

ACCOUNT NUMBER: _____

DATE: _____

Please fill out ONE form for EACH pair of frames and include repair form with frames.

COMPANY NAME: _____

CONTACT: _____

PHONE NUMBER: _____

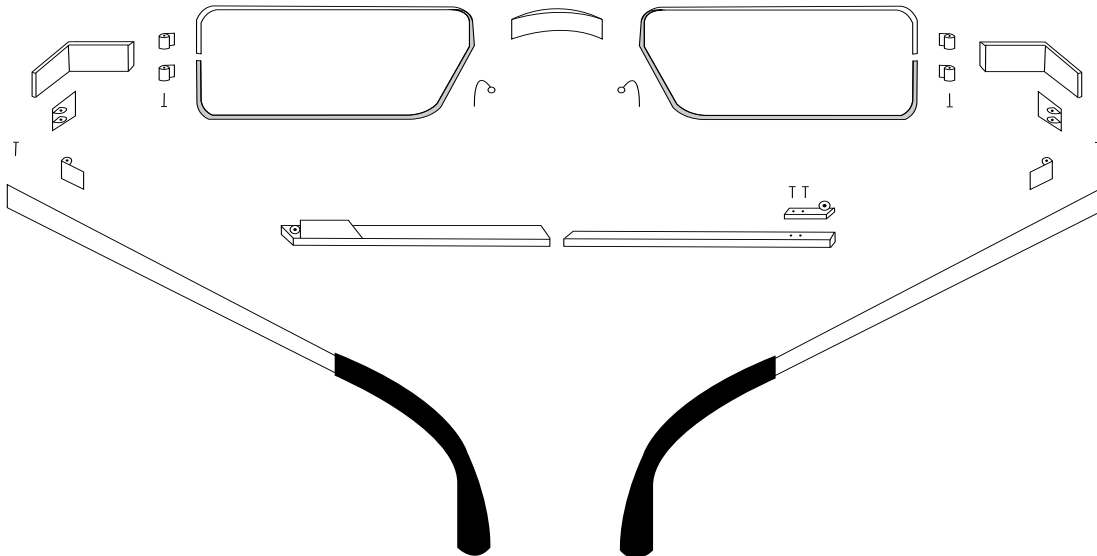
SHIP TO: _____

PATIENT NAME: _____

TRAY NUMBER: _____

REPAIR NOTES: _____

CIRCLE/MARK REPAIR(S):



RETURN SHIPPING METHOD:

Standard Return Shipping Service is UPS Ground. Customer is responsible for return shipping charges.

If you would prefer an alternate shipping method, please specify: _____

DISCLAIMER:

Not responsible for any damages to the frame or lenses while attempting any repairs. We treat each frame like they are our own and take all possible measures to return your frames to you as close to new as possible.