

Please **print this form**, fill out all applicable fields,  
and include with your shipment.



**Type of Eyeglasses:** \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/ State: \_\_\_\_\_

Postal/ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CREDIT CARD INFORMATION**

Card Type (Visa, Mastercard, AMEX): \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Number: \_\_\_\_\_

If your eyeglasses cannot be repaired successfully, you  
can donate them to Laserfix for continuing research. We  
will still mail back your cheque or money order.



Yes, keep them



No, send them back

PLEASE SEND TO ONE OF THE LOCATIONS BELOW

**LASERFIX EDMONTON**  
10709-107 St. NW 2nd Floor  
Edmonton, AB  
T5H 2Y9

**LASERFIX VICTORIA**  
550-2950 Douglas Street  
Victoria, BC  
V8T 4N4

**LASERFIX COMOX**  
1880 6th Street East  
Courtenay, BC  
V9N 8B6