

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 VICTORIA

550-2950 Douglas Street
Victoria, BC
V8T 4N4

LASERFIX COURTENAY

1880-6th St. East
Courtenay, BC
V9N 8B6