American Vision Mail Order Form

Please check our store (www.AmericanVision.com) for availability of items and correct price. Please ensure shipping charges are correctly included by adding desired items to your shopping cart and inputting your zip code in the field for Shipping Calculations. Most shipping options require a minimum of $5. Please review our shipping policy, also found online. Please return this completed form with your payment to **P.O. Box 220; Powder Springs, GA 30127**. Thank you.

Name: _____

Address: _____

_____

Email Address: _____

Phone Number: _____ Shipping Method: _____

Item: Qty: Price:

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Shipping Charges: _____ Check Number: _____ Order Date: _____

(Office Use Only)
Order Processed: *Initials:* *Shipped:*