



DO NOT FAX THIS PAGE WITH YOUR ORDER. THIS IS FOR FRAME STYLE SELECTION ONLY!

## SPARE-SPECS

Frame Style A



Frame Style B



Frame Style C



Frame Style D



Frame Style E



Frame Style F



## SPARE-SPECS readers

Frame Style G - Gunmetal



Frame Style G - Blue



Frame Style G - Red



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## ORDER FORM

### SPARE-SPECS clear distance & SPARE-SPECS sun distance

Prescription		Frame Styles & Quantities										
OD (Right Eye)	OS (Left Eye)	A		B		C		D		E		F
		Qty. Clear	Qty. Sun	Qty. Clear	Qty. Sun	Qty. Clear	Qty. Sun	Qty. Clear	Qty. Sun	Qty. Clear	Qty. Sun	Qty. Clear
1. <input type="checkbox"/>	OD Plano	OS -1.00	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. <input type="checkbox"/>	OD Plano	OS -1.50	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. <input type="checkbox"/>	OD Plano	OS -2.00	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4. <input type="checkbox"/>	OD -1.00	OS Plano	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5. <input type="checkbox"/>	OD -1.50	OS Plano	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6. <input type="checkbox"/>	OD -2.00	OS Plano	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7. <input type="checkbox"/>	OD -1.00	OS -1.00	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
8. <input type="checkbox"/>	OD -1.50	OS -1.50	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

### SPARE-SPECS clear readers

Prescription		Frame Styles & Quantities					
OD (Right Eye)	OS (Left Eye)	B (clear)	G-Gunmetal	G-Blue	G-Red	H	J
		quantity	quantity	quantity	quantity	quantity	quantity
1. <input type="checkbox"/>	OD Plano	OS +1.50	_____	_____	_____	_____	_____
2. <input type="checkbox"/>	OD Plano	OS +2.00	_____	_____	_____	_____	_____
3. <input type="checkbox"/>	OD +1.50	OS Plano	_____	_____	_____	_____	_____
4. <input type="checkbox"/>	OD +2.00	OS Plano	_____	_____	_____	_____	_____
5. <input type="checkbox"/>	OD +1.00	OS +2.00	_____	_____	_____	_____	_____
6. <input type="checkbox"/>	OD +2.00	OS +1.00	_____	_____	_____	_____	_____

### SHIPPING & PAYMENT INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No: \_\_\_\_\_  
 Email Add: \_\_\_\_\_  
 Name of Eye Care Professional: \_\_\_\_\_

(Required)

#### Pricing & Shipping Info

1 pair (clear & readers)	\$22.95 each
1 pair (sun) * Effective 8/1/2006	\$28.95 each
<b>Receive \$3 off each pair on any combination of 3 or more</b>	
S&H (3-9 days)	\$5.50 / 10 pair
S&H (1-2 days)	\$17.50 / 10 pair

Total # of Pairs \_\_\_\_\_  
 Subtotal \_\_\_\_\_  
 Tax 7% (NC residents only) \_\_\_\_\_  
 Shipping & Handling \_\_\_\_\_  
 TOTAL \_\_\_\_\_

Please fax to 910.794.9300 or  
 Mail with check or money order to:

**SPARE-SPECS, LLC**  
**1121C Military Cutoff Road #125**  
**Wilmington, NC 28405**

#### Payment Method

Check  Money Order  Credit Card

Credit Card # \_\_\_\_\_

Exp.Date: \_\_\_\_\_ CVV/CID: \_\_\_\_\_ Visa MC Amex Disc

Signature: \_\_\_\_\_


Name On Card: \_\_\_\_\_




## ORDER FORM

### SPARE-SPECS elite distance

Prescription		Frame Styles & Quantities	
OD (Right Eye)	OS (Left Eye)	EL-m Quantity	EL-w Quantity
1. <input type="checkbox"/> OD Plano	OS -1.00	_____	_____
2. <input type="checkbox"/> OD Plano	OS -1.50	_____	_____
3. <input type="checkbox"/> OD Plano	OS -2.00	_____	_____
4. <input type="checkbox"/> OD -1.00	OS Plano	_____	_____
5. <input type="checkbox"/> OD -1.50	OS Plano	_____	_____
6. <input type="checkbox"/> OD -2.00	OS Plano	_____	_____
7. <input type="checkbox"/> OD -1.00	OS -1.00	_____	_____
8. <input type="checkbox"/> OD -1.50	OS -1.50	_____	_____



ELITE EL-m



ELITE EL-w

### SHIPPING & PAYMENT INFORMATION

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

Email Add: \_\_\_\_\_

Name of Eye Care Professional: \_\_\_\_\_  
(Required)

#### Pricing & Shipping Info

Elite EL-m	\$44.95
Elite EL-w	\$30.95
<b>Receive \$3 off each pair on any combination of 3 or more</b>	
<b>S&amp;H</b> (4-10 days)	\$5.50 / 10 pair
<b>S&amp;H</b> (1-2 days)	\$17.50 / 10 pair

Total # of Pairs \_\_\_\_\_

Subtotal \_\_\_\_\_

Tax 7% (NC residents only) \_\_\_\_\_

Shipping & Handling \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Please fax to 910.794.9300 or  
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**SPARE-SPECS, LLC**  
1121C Military Cutoff Road #125  
Wilmington, NC 28405

#### Payment Method

Check     Money Order     Credit Card

Credit Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Visa    MC    Amex    Disc

CVV/CID: \_\_\_\_\_



Signature: \_\_\_\_\_

Name On Card: \_\_\_\_\_




## ORDER FORM


### SPARE-SPECS elite reader


Prescription		Frame Styles & Quantities		
OD (Right Eye)	OS (Left Eye)	EL-b Quantity	EL-c Quantity	
1. <input type="checkbox"/> OD Plano	OS +1.50	_____	_____	 ELITE Reader EL-b  ELITE Reader EL-c
2. <input type="checkbox"/> OD Plano	OS +2.00	_____	_____	
3. <input type="checkbox"/> OD +1.50	OS Plano	_____	_____	
4. <input type="checkbox"/> OD +2.00	OS Plano	_____	_____	
5. <input type="checkbox"/> OD +1.00	OS +2.00	_____	_____	
6. <input type="checkbox"/> OD +2.00	OS +1.50	_____	_____	

### SPARE-SPECS refocus

Prescription		Frame Styles & Quantities		
OD (Right Eye)	OS (Left Eye)	A - Refocus Quantity	B - Refocus Quantity	D - Refocus Quantity
1. <input type="checkbox"/> OD -1.37	OS -1.37	_____	_____	_____

  
A-Refocus

  
B-Refocus

  
C-Refocus

## SHIPPING & PAYMENT INFORMATION

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

Email Add: \_\_\_\_\_

Name of Eye Care Professional: \_\_\_\_\_  
(Required)

### Pricing & Shipping Info

Elite EL-b	\$32.95
Elite EL-c	\$28.95
A - Focus	\$39.95
B - Focus	\$39.95
D - Focus	\$39.95
<b>Receive \$3 off each pair on any combination of 3 or more</b>	
<b>S&amp;H (3-9 days)</b>	<b>\$5.50 / 10 pair</b>
<b>S&amp;H (1-2 days)</b>	<b>\$17.50 / 10 pair</b>

Total # of Pairs \_\_\_\_\_

Subtotal \_\_\_\_\_

Tax 7% (NC residents only) \_\_\_\_\_

Shipping & Handling \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Please fax to 910.794.9300 or  
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**1121C Military Cutoff Road #125**  
**Wilmington, NC 28405**

### Payment Method

Check     Money Order     Credit Card

Credit Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Visa    MC    Amex    Disc

CVV/CID: \_\_\_\_\_ ○    ○    ○    ○

Signature: \_\_\_\_\_

Name On Card: \_\_\_\_\_