



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)	\$24.95 each
1 pair (sun) * Effective 1/1/2008	\$30.95 each
Receive \$3 off each pair on any combination of 3 or more	
S&H (3-9 days)	\$5.75 / 10 pair
S&H (1-2 days)	\$17.75 / 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	\$27.95
Receive \$3 off each pair on any combination of 3 or more	
S&H (4-10 days)	\$5.75 / 10 pair
S&H (1-2 days)	\$17.75 / 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: _____ 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	_____	_____	 <p>ELITE Reader EL-B</p>  <p>ELITE Reader EL-C</p>
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	\$33.95
Elite EL-C	\$27.95
A - Focus	\$39.95
B - Focus	\$39.95
D - Focus	\$39.95
Receive \$3 off each pair on any combination of 3 or more	
S&H (3-9 days)	\$5.75 / 10 pair
S&H (1-2 days)	\$17.75 / 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: _____ Visa MC Amex Disc
 CVV/CID: _____ ○ ○ ○ ○
 Signature: _____
 Name On Card: _____