

CREDIT REQUEST FORM

Please make sure lenses and 1st invoice are attached to this form. If the lenses and the copy of 1st invoice is not attached, no credit will be issued.



Warranty is always an extra cost option. Please make sure that a warranty was selected at the time of purchase.

# Customer Account		Patient Name	
Invoice #1	Date (1)	Invoice #2	Date (2)
Amount requested			
Warranty : <input type="checkbox"/> Non-Adapt (90 days maximum) <input type="checkbox"/> AR coating <input type="checkbox"/> Other reason _____ <i>Applicable only if you paid for extra warranty on the first order(1 year or 2 year)</i>		Fabrication : <input type="checkbox"/> Lenses: _____ <input type="checkbox"/> AR coating: _____ <input type="checkbox"/> Hard Coat: _____	
<input type="checkbox"/> LensNet Atlantic <input type="checkbox"/> Lensnet Quebec <input type="checkbox"/> Lensnet West <input type="checkbox"/> Lensnet Ontario <input type="checkbox"/> Lensnet Elite			
Comment :		Approved by :	
		Date of credit / Approved Amount :	

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