

New order details (Please see Note)

New Account

OrderID:	313		
CustCode:	Lakca	BusinessName:	
Company:		DBA:	
Name:	LAKEWOOD EYE PHYSICIANS & SURGEONS INC.		
Email:	amcclain@socaleye.com		
Address:	3300 E. SOUTH ST., #105		
Phone:	5622321457	CallerName:	VALERIE LAWRENCE
Po:		OrderSource:	
ShipVia:		NameOnCard:	
InvoiceNumber:		Card:	
BGAccount:	Lakca	expDate:	Sec:
BuyerName:		CardAddress:	
APName:			
APStatement:			
Bill To:		ShipTo:	
Address:		Address:	
Phone:		ShipPhone:	
Billing Terms:			
Special Instructions:	TEST ORDER DO NOT SHIP		

FRAME/STYLE	Color	Size	Qty	RX/TRAY#
ACADEMY	Black	51- 18- 140	1	
ACADEMY	Tortoise	51- 18- 140	1	
FX 101	Black	55- 18- 140	1	
FX 101	Brown	55- 18- 140	1	
FX 101	Gunmetal	55- 18- 140	1	
Total Frames			5	