

# Gulden Ophthalmics Order Form

Date \_\_\_\_\_ Name \_\_\_\_\_ P.O. # \_\_\_\_\_  
 Company \_\_\_\_\_ Phone Number \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

Part Number	Qty.	Product	Price	Lot #	Shipping Instructions
					<input type="radio"/> UPS Ground <input type="radio"/> UPS 2 <sup>nd</sup> Day <input type="radio"/> UPS Next Day <input type="radio"/> Fed Ex 1 <input type="radio"/> Fed Ex Economy <input type="radio"/> Fed Ex Ground <input type="radio"/> USPS Standard <input type="radio"/> USPS Express
<b>TOTAL:</b>					Shipping Charge \$13.00+*

Billing Name & Address if Different

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Credit Card Information

Card Number \_\_\_\_\_  
 Name \_\_\_\_\_  
 Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

\*A flat shipping and handling fee of \$13.00 will be billed. If the shipping total is greater than \$13.00 (as the case usually is with Express, heavy, or far distance shipments), then the additional amount will be billed and a revised invoice that reflects the new total will be sent.