

# Gulden Ophthalmics Order Form

Date: \_\_\_\_\_

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

PO Number: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_



Part #	Qty.	Product Name	Price	Shipping Instructions	
				<input type="checkbox"/>	UPS Ground
				<input type="checkbox"/>	UPS 2 <sup>nd</sup> Day
				<input type="checkbox"/>	UPS Next Day
				<input type="checkbox"/>	Fed Ex 1 Day
				<input type="checkbox"/>	Fed Ex Economy
				<input type="checkbox"/>	Fed Ex Ground
				<input type="checkbox"/>	USPS Standard
				<input type="checkbox"/>	USPS Express
		<b>TOTAL:</b>		Shipping Charge \$15.00+*	

**Billing Name and Address if Different:**

**Credit Card Information:**

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

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

\*A flat shipping and handling fee of \$15.00 will be billed. If the shipping total is greater than \$15.00 (as is the case 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.