



CUSTOMER INFORMATION SHEET

Please print and mail this form.

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____

Zip Code: _____.

Glass Size: _____ Glass Make: _____ Glass Type: _____

Mail order or walk-in: _____ Mail order Confirmation number: _____

Notes: _____

PLEASE EMAIL TO:

USA Eyewear Repair
157 E New England Ave unit 202
Winter Park, FL 32789
Tel: 888-456-5554
407-772-5454