



**Affinity Member Cost - Lens Options:**

A. <u>Non-Polarized Polycarbonate - Single Vision</u>	<u>\$185.00</u>
B. <u>Polarized Polycarbonate - Single Vision</u>	<u>\$255.00</u>
C. <u>Polarized Polycarbonate – Bi-Focal Vision</u>	<u>\$275.00</u>
D. <u>Polarized Polycarbonate - Progressive Vision</u>	<u>\$350.00</u>

*\* Polycarbonate lenses provide the greatest degree of impact resistance of any lens HaberVision Rx can offer.  
**However, no lens is shatterproof.***

**Available Options:**

• <u>Flash or Mirror Coating</u>	<u>\$ 50</u>
• <u>Anti-Reflective Coating</u>	<u>\$ 85</u>
• <u>Anti-reflective and Flash/Mirror</u>	<u>\$ 100</u>

*Neither the manufacturer nor HaberVision will warranty scratch-resistant coating or against scratches after customer has utilized or mishandled the prescription sunglasses.*

**Shipping & Handling Costs:**

- USPS Priority Mail Shipping (allow 6-10 days)..... **\$ 10.95**
- UPS 2<sup>nd</sup> Day (Continental US only; does not include Sat. delivery).....**\$ 49.95**
- UPS Overnight (Continental US only; does not include Sat. delivery).....**\$ 58.95**

**UPS is not available for Hawaii, Alaska, APO/FPO, or US Territories.**

*Allow approximately 2 weeks(7-10 business days) from date of order for prescription sunglasses to ship*

**Haber Trilon™ Frame and Polycarbonate Lenses are included with Rx Purchase**

• Frame Examples: **Belize, Columbia, Kenai, McKenzy, etc.**  
(Haber frames for Rx must have a full frame around the lens. Please call for all available Haber frame styles)

• Lens colors available: **Grey, HaberRose, Copper, Yellow and Brown**

- Sample frames and lens colors will be shipped free of charge **prior to processing** the Rx order for fit & overall customer satisfaction.



**Bill To:**

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

Bill To Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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

**Ship To:**

(if different than Bill To)

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

Ship To Address1: \_\_\_\_\_

Ship To Address2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**All the Major Credit Cards are Accepted Payment Options**

Please call our office to relay your CC information

Complete Prescription Detail & include Rx from Optician/Optical store

	Sphere	Cylinder	Axis	Prism	Pupil Distance
Right Lens (OD)					
Left Lens (OS)					

Rx Exp: \_\_\_\_\_ Name of Dr. \_\_\_\_\_ Dr. Phone \_\_\_\_\_

*HaberVision takes special care to craft your prescription Rx sunglasses to specifications but does not warrant erroneous Rx information.*

***It is your responsibility to ensure all information provided is accurate and valid.***