



US Prescription Orders only.
International orders will NOT be accepted.

Polarized - Performance - Technology

Questions? Call: 303-459-2223/Sarah

All Prescription sales are Final.

Should a Warranty Inspection become necessary you must call 303-459-2222 for an RA number.

Neither the manufacturers, nor HaberVision Eyewear, will warranty scratch-resistant coating or against scratches incurred after customer has utilized or mishandled the prescription sunglasses.

Lens Description		Sugg. Retail \$	
A	Polycarbonate NON-Polarized - Standard Single Vision	250.00	Affinity Member Code Price: \$ 125.00
B	Polycarbonate Polarized - Standard Single Vision	390.00	Affinity Member Code Price: \$ 195.00
C	Polycarbonate Polarized - Standard Straight-Top Bifocal	450.00	Affinity Member Code Price: \$ 225.00
D	Photo-Chromatic Polycarbonate Polarized - Standard Single Vision	430.00	Affinity Member Code Price: \$ 215.00

OPTIONAL: Anti-Reflective and/or Mirror coatings available. Please call 303.459.2223 for specific options and pricing

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

FRAMES

HABER Trilon™ virtually unbreakable frame (call for available frame styles and colors)

Frame Price: **FREE**

Frames & lens color samples will be shipped for customers to try on prior to processing the Rx order.

Prices listed above are for one complete pair of prescription sunglasses

DISCOUNTS HAVE ALREADY BEEN APPLIED

NOTE: To insure accuracy the actual prescription will not be taken over the phone.

If a copy of your prescription has been faxed the 'Rx Lens Details', below, do not need to be filled out. If no prescription is available the customer or optical provider **must** fill out applicable details below.

HaberVision takes special care to craft your prescription Rx sunglasses to exacting specifications. HaberVision does not warrant against erroneous Rx information. It is the customer's responsibility to ensure that the information provided is accurate and valid.

RX LENS DETAILS

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

RX Expiration Date: _____

Name of Doctor: _____

Doctor's Phone # : _____

Sphere (SPH) - Refers to the sphere power which is used to correct for near or distance vision. This is simply the amount of magnification in your prescription.

Cylinder (CYL) - Refers to cylinder power and corrects for astigmatism. You may not have anything filled in here.

AXIS - This number specifies the direction of cylinder power. Again, you may not have anything filled in here.

PRISM - Corrects by adjusting the image your eye sees to eliminate perceived double vision. You may not have anything filled in here.

Pupil Distance (PD) - Refers to pupillary distance. This is the measurement of where your pupil sets in each lens. On our form, we allow you to enter a PD for each eye. If only one PD is noted on your prescription, divide it by two and enter that value in each PD. Typical male PD's are 32 while typical PD's for females are 30. PD is required.

When faxing a copy of your prescription and/or Rx forms - Please call to confirm fax has been received. HaberVision is not responsible for orders not processed in a timely manner if customer does not call to confirm transmission has been received.

HaberVision - 15710 W. Colfax Ave., Ste 204 - Golden Colorado 80401
303.459.2223/Direct or 303.379.4742/Fax



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PAYMENT METHOD

Credit Card Billing Address (if **NOT** the same as shipping address)

*** REQUIRED**

*** Name on Card:** _____

*** Address:** _____

*** City/State/Zip:** _____

*** Phone Number** _____ *** Email Address** _____

Best way to contact: Phone - Email (circle one) _____


If Phone, best time to call: _____

Visa AmEx

Mastercard Discover

CC#: _____

Signature: _____

Card Verification: _____ The last 3 digits, located on the back of your card: 

Expiration Date : ____ / ____ (MM/YY)

Rx Lens Cost: _____
Additional Coating(s) Costs (optional): _____

Frame Cost: **\$0.00**

Shipping: _____

CO Residents ONLY -
Add 2.9% Sales Tax: _____

TOTAL: _____

- * Standard Shipping: FREE**
- * UPS 2nd Day - CALL FOR RATES****
- * UPS Overnight (to most locations) - CALL FOR RATES****

- * Allow 7 to 10 business days for completion of work
- ** 2nd Day & Overnight not available for Alaska, Hawaii or US Territories

Affinity Member Code (if available): _____

OR

How and/or Where did you hear about HaberVision? _____

SHIPPING ADDRESS

(If different from Billing Address)

Customer Name _____

Shipping Address _____

City, State, Zip Code _____



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