Airgas

PRESCRIPTION SAFETY EYEWEAR PROGRAM

The employee or family member would like to order prescription safety eyewear. Please fill out the form to the right with the information below and fax to Airgas.

FAX TO 800-782-5753

- Enter credit/flex card info to pay for the glasses and dispensing fee.
- Only make direct payments to the optical if an eye examination was performed.
- The optical will contact you when your eyewear can be picked up.

EYEWEAR PRICE LIST

LENSES - Polycarbonate, Plastic, or Glass

Single Vision ..... $ 23.00
Bifocals - ST 25, 28, 35 ..... $ 38.00
Trifocals - 7x25, 7x28, 7x35 ..... $ 52.00
Progressives (no-lines)– VIP, Adaptar, Life 2, Solamax, AO Compact .. $105.00
Varilux Panamic, Comfort, SolaOne, Natural $157.00

FRAMES – Sideshields are no charge when ordered with frame & lenses.

OG 70, 71.....$ 20.00 / 101, 103, 104, 105, 112, 113, 311...$ 40.00
OG 97..... $ 70.00 / 127.....$ 78.00 / 122.....$105.00

COATS/TINTS

Solid tint .....$ 6.00
Scratchcoat ..... $10.00 Image A/R .....$35.00 Supertough $27.00
Transitions ..... $50.00 Crizal ..... $72.00 Alize w/clearcote $95.00

SUBTOTAL $ _____
AL .05% Tax $ _____

DISPENSE FEE $ + 20.00 or 25.00
SHIPPING $ + 2.50

EMPLOYEE TOTAL $ _____ Have the employee fill out the box to the right. →

Pay with Flex or Credit Card. CASH WILL NOT BE ACCEPTED!

If you have any questions on this program or on the processing of orders, please call our Customer Service Dept at **800-245-3665.**
Airgas – Optical, W185 N11300 Whitney Dr, Germantown, WI 53022

Activation date: 06/01/2007 P/L: 20050/51

Acct #: 708158	Order Date:	Company Name: CITY OF MONTGOMERY	Contact Person: JOE HICKS Phone 334-241-2293

SHIP TO: (Optical office address needed)

Employee or Family Member's Name:

ID#

Emp Phone #

LENS STYLE: (circle one) SV ST25 ST28 ST35 7X25 7X28 7X35

PROGRESSIVE _____

	SPHERE	CYLINDER	AXIS	PRISM	DIST PD	NR PD
R						
L						

	ADD	SEG HT
R		
L		

SUPPLY FRAME___ FRAME ENCL___

Lens Color:_____ Solid color % ____

Clear____ Transitions_____

LENS MATERIAL: ___POLYCARBONATE ___PLASTIC ___GLASS

FRAME: _____ FRAME COLOR_____

EYE SIZE _____ DBL_____ TEMP_____

Credit Card or Flex Card Info:

MasterCard Visa Am Express Discover

Card Number_____

Expiration Date_____ CID_____

_____
Signature

_____
Print Cardholder's Name

Phone:_____

SIDESHIELDS: ___NONE

___PERMANENT ___CLIP-ON

COATING:

____ Image A/R (no warranty)
____ Scratchcoat (no warranty)
____ Supertough (1 yr/1 time replace)
____ Crizal (1 yr warranty)
____ Alize' w/clearcote (1 yr warranty)