

# Business Cards/Magnetic Name Badges Order Form



Date \_\_\_\_\_ Name \_\_\_\_\_ Store # \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Shipping Address \_\_\_\_\_

Unless otherwise noted in the catalog, all items will ship via UPS Ground. Priority shipments are available at additional charge. Please indicate:

FedEx Next Day (extra cost)  FedEx 2nd Day (extra cost) We will advise you of this charge for your approval prior to placing your order.

## Business Cards

Please print information for your order clearly and legibly (or attach a business card).

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

500  1,000  Caduceus  Without Caduceus  Logo - same information as on biography order form

### Backer Options:

# of Cards	Without Backer	With Backer	S&H Charge
500	\$28.00	\$29.00	\$8.50
1000	\$42.00	\$43.00	\$10.50

PRESCRIPTION INFORMATION: SUBSTITUTION ENDORSEMENT: _____ / _____	NAME	DATE		
	SPH	CYL	AXIS	PRISM
	OD			
	OS			
	TYPE	P	DIST	NEAR
	DR.			
FRAME NAME	Eye	Bridge		

Your next appointment is scheduled for:  
 Sun.  Mon.  Tue.  Wed.  Thu.  Fri.  Sat.  
 Date \_\_\_\_\_ at \_\_\_\_\_ AM/PM  
 If unable to keep appointment, kindly give 24 hours notice.

Rx Backer  Appointment Backer

## Magnetic Name Badges

Please print information for your order clearly and legibly.

Name \_\_\_\_\_

Title:  Optometrist  Store Manager  Optical Professional  Lab Technician  ABO Certified  Receptionist  
 Apprentice Optician  Lab Manager  Optician  Licensed Optician - Lic. # \_\_\_\_\_  Asst. Store Manager  
 Other

Optional - for store managers who are also licensed, please check below.

Title:  Licensed Optician

Valued Associate Since (Year) \_\_\_\_\_

Cost of each Name Badge is \$8.50 plus \$6.00 shipping and handling via UPS ground.



## Payment Options

Please select one of the following options:

Please charge to my credit card as indicated below.  
 Check - Please make payable to: USFI and mail to: Ginny Wakefield c/o USFI, Great Eyedead, 12100 Ford Road, Suite 100, Dallas, TX 75234.  
 Visa  MasterCard  American Express

Account # \_\_\_\_\_ Exp. date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

Billing address for credit card statement \_\_\_\_\_

Upon completion please fax this order form to **1-800-422-2903**.