

4VisionSaver INSTA-FOCUS GLASSES MAIL ORDER FORM

MAIL ORDERS: PLEASE FILL OUT THIS ORDER FORM AND Mail IT TO US AT PO Box 2742 San Antonio, TX 78299

PLEASE FILL OUT THE ORDER FORM AND MAIL IT WITH CHECK OR MONEY ORDER FOR THE TOTAL AMOUNT PAYABLE TO "Valuable Information Source "

Quantity	Model No. / Description	Price each	Amount

Subtotal: _____

Shipping Charge (Intl. only) : _____

Texas Residents at 8.25% Sales Tax : _____

Total Amount: _____

BILLING INFORMATION

Card Type: MC___ VISA___ Amex___ Discover ___

Card Number _____ Expiration Date _____ Security Code _____

Name on Card _____ Signature _____

Today's Date _____

SHIP TO:

Name _____ Organization (if applicable) _____

Street _____ City _____

State or Country _____

Zip or Postal Code _____ Phone Number _____

Email _____