

Thank you for your interest in eyeTrust products, please fill out the form below.

*** Required**

FULL NAME* _____

STUDENT NUMBER* _____

E-MAIL* _____

PHONE NUMBER* _____

SHIPPING ADDRESS* _____

ITEM NUMBER(S) * _____

*If ordering more than one product, please separate each product with a comma (ex. ET12, ET8)

QUANTITY* _____

*If ordering more than one product, please put "Item Number" and "Quantity" beside it (ex. ET121).
Separate each product with a comma (ex. ET121, ET81)

I accept Terms & Conditions (<http://eyetrust.ca/terms-and-conditions>) *

To view "Terms and Conditions", copy link above into a new window or tab.

I accept

SIGNATURE

I _____ Authorize eyeTrust.ca Corporation to charge my credit card
(NAME)

For services rendered. Not to exceed the amount shown.

AMOUNT \$ _____ CAD.

ATTACH INVOICE RECEIPT HERE

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____
(Security code number on back of card)

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING POSTAL CODE _____

NAME ON CARD _____
(As it appears on card)

SIGNATURE

DATE

RETURN TO:

Taylor Chung
eyeTrust.ca Corporation
318 Broadview Ave.
Toronto, Ontario, M4M 2G9
(416) 466-6670
(416) 466-1100 fax

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:

