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CREDIT/WARRANTY REQUEST

| | | |
|----------------------|----------------------|------------------------------------|
| | Date: | <input type="text"/> |
| Name of Practice | <input type="text"/> | Account# <input type="text"/> |
| Patient Reference: | <input type="text"/> | |
| Original Invoice No: | <input type="text"/> | Invoice Date: <input type="text"/> |
| Remake Invoice No: | <input type="text"/> | Invoice Date: <input type="text"/> |

*****NO WARRANTY ON THE FOLLOWING LENSES*****
SHAMIR VOCATIONAL/BIFOCAL/SINGLE VISION

Reason for Credit:

Signed: _____

Name: _____

Conditions of Credit Requests:

Credit Request must be submitted with accompanying lenses.
Credit Request must be received within 14 days of invoice date except in the case of progressive lenses which is 3 months or 2 years for Glacier coating.

To lodge a credit request, this form must be completed. This Credit Request form must specify ILS original invoice and remake invoice, patient reference, and a detailed explanation of the reason for credit.

Credits will be issued for:

Any stock lens returned as supplied in the original packet.
Product returned due to faulty workmanship.
Lens warranty as per manufacturer's policy.