

RAN: \_\_\_\_\_

Date Ordered:

Date Received:

Date Returned:

*(for office use only)*



## Returning Your Glasses

*Please follow the steps below and provide us with the information requested in the spaces provided below. Thank you!*

Enter Your Order #:

Enter your FULL NAME, TELEPHONE #, and EMAIL ADDRESS:

Enter the name of the  
frame you are returning:

*The name of the frame can be found under the "product" category of your electronic invoice.*

What is the reason for the return?

- |   |  |
|---|--|
| <input type="checkbox"/> I don't like them                | <input type="checkbox"/> They are damaged from transit |
| <input type="checkbox"/> They are defective               | <input type="checkbox"/> They are the wrong product    |
| <input type="checkbox"/> They are the wrong prescription* | <input type="checkbox"/> Other - please indicate below |

*\*If you believe your prescription is incorrect, please send us a copy of your prescription to [service@glassesusa.com](mailto:service@glassesusa.com) or fax it to 888-250-6925.*

***Please include your order number on the prescription.***

Would you like a...

50% Refund

Exchange

Store Credit

Additional  
Comments:

*For an exchange, please indicate the name of the frame you'd like. If the frame has a higher value, we will contact you for the difference in price. If the frame is of a lesser value, a refund via store credit will be given.*

A customer service representative will be in contact with you shortly. If you have questions, please call us toll free at 800-917-7083 or send an email to [service@glassesusa.com](mailto:service@glassesusa.com).

Thank you for your patience!