



















1 Employee Name	Date	PO#																																			
2 Frame																																					
  15011 <input type="checkbox"/> Blk/Clear <input type="checkbox"/> Blk/Yel <input type="checkbox"/> Red <input type="checkbox"/> Crystal <input type="checkbox"/> Navy/Clear <input type="checkbox"/> Purple/Clear <input type="checkbox"/> Blue/Clear	  T9559 <input type="checkbox"/> Clear/Green <input type="checkbox"/> Clear/Teal <input type="checkbox"/> Clear/Pink <input type="checkbox"/> Clear/Blk	  T9603 <input type="checkbox"/> Clear/Orange <input type="checkbox"/> Clear/Blk																																			
 Q200 <input type="checkbox"/> Blk <input type="checkbox"/> Blue/Pink <input type="checkbox"/> Purple	  17011 <input type="checkbox"/> Blk / Orange <input type="checkbox"/> Neon Green	  808 <input type="checkbox"/> Black <input type="checkbox"/> Silver <input type="checkbox"/> Red																																			
 Q368 <input type="checkbox"/> Blk/Blue <input type="checkbox"/> Green <input type="checkbox"/> Camo <input type="checkbox"/> Beige	 17012 <input type="checkbox"/> Black	  506 <input type="checkbox"/> Black <input type="checkbox"/> Tortoise																																			
 T9730 <input type="checkbox"/> Blk/Blue <input type="checkbox"/> Blk/White <input type="checkbox"/> Tortoise 3M Scott Spectacle Kit Respirator Insert <input type="checkbox"/> AV-3000 (805753-01) <input type="checkbox"/> 7000 Series (7894) <input type="checkbox"/> AV-2000 (200371-52F) or <input type="checkbox"/> (200371-60F)	 17013E <input type="checkbox"/> Black	 J136 <input type="checkbox"/> Black																																			
3 Lens Correction <input type="checkbox"/> Single Vision <input type="checkbox"/> Bifocal <input type="checkbox"/> Lined <input type="checkbox"/> Progressive <input type="checkbox"/> Double D <input type="checkbox"/> Trifocal																																					
4 Lens Material <input checked="" type="checkbox"/> Polycarbonate ANSI Z87.1 impact resistant or <input type="checkbox"/> *Plastic <input type="checkbox"/> *Glass *not impact resistant																																					
5 *Coatings <input type="checkbox"/> Anti-Reflective																																					
6 Tints Transitions <input type="checkbox"/> Grey or <input type="checkbox"/> Brown *Polarized <input type="checkbox"/> Grey or <input type="checkbox"/> Brown *Tint Color																																					
7 Prescription & Measurements (set to standard if not indicated) Pupil Distance: Bifocal Segment Height:																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th></th> <th>Sphere</th> <th>Cylinder</th> <th>Axis</th> </tr> </thead> <tbody> <tr> <td>OD</td> <td>RIGHT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OS</td> <td>LEFT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ADD</td> <td>RIGHT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ADD</td> <td>LEFT</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Sphere	Cylinder	Axis	OD	RIGHT				OS	LEFT				ADD	RIGHT				ADD	LEFT				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>PRISM</td> <td>RIGHT</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>LEFT</td> <td></td> <td></td> <td></td> </tr> </table> <p>Attach a Copy of your Prescription to order</p>		PRISM	RIGHT					LEFT			
		Sphere	Cylinder	Axis																																	
OD	RIGHT																																				
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	LEFT																																				
Bill To: City of Columbus Acct# 1 5 6 4 2 2	8 Your Ship To:																																				
9 Employee Email:	Tele#:																																				
FAX Order Form to: (732) 649-1209 email gbaitz@phillips-safety.com																																					



Package Pricing Safety Glasses Wrap Around , Plastic & Metal Safety Frames All RX- branded frames	Cost *Poly Lenses	Cost *Plastic Lenses	Cost *Glass Lenses
Single Vision	\$ 88.50	\$ 83.50	\$ 153.50
Bifocal Vision (FT28)	\$ 98.50	\$ 93.50	\$ 173.50
Trifocal Vision	\$ 108.50	\$ 103.50	\$ 258.50
Standard Progressive	\$ 128.50	\$ 123.50	\$ 258.50
Double-D Bifocal Lens – Occupational	\$ 153.50	\$ 148.50	\$ 283.50
Additional Rx-Safety Branded Frames & Parts Single Vision	\$ 72.50	\$ 68.50	\$ 124.50
Additional Rx-Safety Branded Frames & Parts Bifocal Vision (FT28)	\$ 80.50	\$ 76.50	\$ 140.50
Additional Rx-Safety Branded Frames & Parts Trifocal Vision	\$ 88.50	\$ 84.50	\$ 208.50
Additional Rx-Safety Branded Frames & Parts Standard Progressive	\$ 104.50	\$ 100.50	\$ 208.50
Additional Rx-Safety Branded Frames & Parts Double-D Bifocal Lens – Occupational	\$ 124.50	\$ 120.50	\$ 228.50
Optional Items	Cost		
Transitions/Photo chromatic Lenses	\$ 40.00	\$ 40.00	\$ 40.00
3M Scott Safety Spectacle Kit Inserts	\$ 231.64	n/a	n/a
All Tints	\$ 10.00	\$ 10.00	\$ 50.00
Anti-Reflective Coating	\$ 40.00	\$ 40.00	\$ 40.00
Polarized	\$ 50.00	\$ 50.00	\$ 50.00
Progressive Upgrades (digital)	\$ 20.00	\$ 20.00	\$ 40.00
Additional pair to duplicate original pair	\$ 100.00	\$ 95.00	\$ 145.00
Sun Clip (non-polarized)	\$ 10.00	\$ 10.00	\$ 10.00
Sun Clip (polarized)	\$ 15.00	\$ 15.00	\$ 15.00
Repair and lens replacement program for lost / damaged glasses	\$ - 30.00	\$ - 30.00	\$ - 30.00

***Polycarbonate Lenses meets the ANSI Z87.1-2015 standard for impact resistance,**

***Plastic and *Glass lenses are NOT impact resistant.**



***Employee Portion Payment**

Orders with options below not on your PO.

*Coatings Anti-Reflective \$40 *Polarized Grey Brown \$50 *Tint \$10 Sun Clip \$10 Polarized \$15

*Additional Duplicate pair of glasses

		CREDIT CARD PAYMENT	
		GERI BAITZ Phillips Safety Products 123 Lincoln Blvd. Middlesex NJ 08846 732-301-3803 fax 732-649-1209 gbaitz@phillips-safety.com	
BILLING INFORMATION			
Company / Name:		Invoice #:	Date:
Street Address:			
Street Address2:			
City/State/Zip:			
Country:			
Contact Name:			
eMail:		Phone#:	
I authorize Phillips Safety Products Inc to charge my credit card in the amount listed below.			
Signature: <input checked="" type="checkbox"/>		TOTAL: \$	
PAYMENT INFORMATION			
Card#:		VISA <input type="checkbox"/> MC <input type="checkbox"/> AE <input type="checkbox"/> DISCOVER <input type="checkbox"/>	
Name on Credit Card:			
Exp Date:		Security Code#: (3 or 4 character)	

Questions: Contact your rep Geri Baitz if you need help ordering
gbaitz@phillips-safety.com | voice 732-301-3803