SWEEP OPTICAL

We're focused on you™

FRAME EXCHANGE PROGRAM

Provider Name_____ Provider #_____ Date_____

Address_____

Phone_____ Fax_____

Return				Exchange (x)	Order			
Frame Name	Color	Size	Qty		Frame Name	Color	Size	Qty

Mail completed form and product to SWEEP Optical, 2145 Centennial Plaza, Eugene OR 97402