SWEEP OPTICAL

FRAME EXCHANGE PROGRAM

Provider Name: _____ Acct #: _____ 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 97401