LENSTEC, INC.
1765 Commerce Avenue North, St Petersburg, Florida 33716
Phone: 866.536.7832 Fax: 866.536.3040

CUSTOMER INVENTORY RETURN FORM

PLEASE USE THIS FORM FOR RETURNING **ALL UPOPENED DEVICES** (OVERSTOCK OR CONSIGNMENT RETURNS) AND **EXPIRED/ONE MONTH TO EXPIRY CLEARVIEW 3/SBL-3 LENSES ONLY**.
ALL OTHER OPENED DEVICES SHOULD BE REPORTED ON A RETURN AUTHORIZATION FORM OR COD FORM.

Customer #		**Date:**	

CUSTOMER DETAILS

Company Name:					**Contact Person**
Address					
Telephone No.		**Fax No.**		**Email:**	

RETURN COMPLETED FORM AND LENSES LENSTEC ADDRESS ABOVE

ITEM DETAILS

Device Serial No.	Model & Diopter	Replace Expired Lens? (Y/N)	Reason for Return

If more than 10 lenses are being returned please attach a list of, or photocopies of all serial numbers being returned.

	Total Lenses

FOR INTERNAL USE ONLY		
	FORM PROCESSED BY & DATE	

Send completed Certificate of Destruction Form to Lenstec Customer Service at orders@lenstec.com or fax 1-866-536-3040