

 : 225 Cadwalader Avenue
 : Elkins Park, PA 19027
 TF: 1 (800) 659-2250
 F: (215) 884-0418
 : admin@guldenophthalmics.com

PO Number #: _____

Company Name: _____

Order Date: _____

Purchaser Name: _____

- Shipping Method: USPS Priority
- UPS Ground (Standard)*\$15.00 minimum*
- UPS 2nd Day
- UPS Next Day
- UPS Next Day Early AM

Address: _____

Email: _____

Phone: _____

Fax: _____

Part Number	Description	QTY.	PRICE EA.	SUBTOTAL

TOTAL PRICE WITHOUT SHIPPING :

*All Shipping Charges are calculated by Gulden based on your method chosen and will be charged to your preferred payment method.

Payment Method: _____

Payment Date: _____

Card Number: _____

Exp: _____ Security Code: _____

Zip Code: _____

I authorize Gulden Ophthalmics Inc. to charge the credit card indicated in this form according to the terms outlined above. This payment authorization is for the products described above, for the amount indicated above and the shipping charge calculated by Gulden. It is valid for one (1) time use only. I certify that I am an authorized user of this credit card. Otherwise, I have listed a shipping account where I would like to be charged below.

Shipping Account: _____

For any questions or concerns please contact us, Thank you for your business.