

# Single Vision Rx Eyewear Order Form

Chase Ergonomics, Inc.  
 (800) 621-5436  
 Fax: (505) 344-1426  
 bodyglovesafety@chaseergo.com



**BODY GLOVE**  
 PROTECT THE CORE

## Frame Colors

Frame Color >	Brown	Black	Silver Tortoise	Cobalt Blue		
<b>Lens Style and Color:</b>						
<b>Precision</b>						
Clear	#90260	#90263	#90266	#90269	\$ 175.00	\$ _____
Gray	#90261	#90264	#90267	#90270	\$ 200.00	\$ _____
Brown	#90262	#90265	#90268	#90271	\$ 200.00	\$ _____
Circle one product number matching desired Frame Color and Lens Color						
<b>Polarized</b>						
Gray	#90272	#90274	#90276	#90278	\$ 250.00	\$ _____
Brown	#90273	#90275	#90277	#90279	\$ 250.00	\$ _____
Circle one product number matching desired Frame Color and Lens Color						
<b>24/7 Photochromic</b>						
Gray 1 to Gray 3	#90280	#90282	#90284	#90286	\$ 225.00	\$ _____
Circle one product number matching 24/7 Lens to desired Frame Color						
<b>Infrared Grey - Traffic Signal Safe</b>						
Shade 3 visible, 1.7 IR	#90295	#90296	#90297	#90298	\$ 225.00	\$ _____
Circle one product number matching Infrared Lens to desired Frame Color						
<b>Anti-Reflective Hydrophobic Coating - Front and Back</b>					\$ 75.00	\$ _____

FORM 0606A

**BGS Distributor Info**  
 Please print clearly

Company Name: \_\_\_\_\_

Name of person taking order: \_\_\_\_\_

Phone with Area Code: \_\_\_\_\_

FAX: \_\_\_\_\_

**FedEx 3-Day:**  
**\$8.00**  
**Overnight:**  
**\$24.00**

Subtotal \$ \_\_\_\_\_

Shipping \$ \_\_\_\_\_

Tax 6.875% \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Customer Information**

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Orders will be confirmed via email.

Email address: \_\_\_\_\_

Delivery Information (please check one)

Residential (or home business)  Business

Please note: This information is used to confirm and complete your Body Glove Safety eyewear order ONLY. We will not share your information.

**Payment Method** (please check one)

MC/Visa  Check  Prepay Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3-Digit Card Verification # (on back of card) \_\_\_\_\_

Signature \_\_\_\_\_

**Payment Method** (Billing Address)

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Make checks payable to: Chase Ergonomics, Inc., PO Box 92497, Albuquerque, NM, USA 87199