

Customer Profile – Prescription Safety Eyewear Program

Please complete areas in bold type and fax to 1-630-259-4516

Customer Name: Was Number of Employees: Address:	: Loc	cation Name:	
Address:		eation Name:	
City			
Oity.	State:	Zip:	
Contact Name:		Email:	
Phone:	Ext: Fax:		
P-Card Number for Loc	cation:	Ex	p: /
☐ This location limits	the coverage for each em	ployee to: \$	per pair of glasses.
US Safety will Bill To:			
Phone: 1-800-876-0442 Special Instruction: Ent	berry Dr. lark State: IL Zip: Fax: 1-630-259-4516 Ema ter Location Name in "Distrib ID ther Safety Distributor Price	ail: Chicago.safety@fishersci	
Orders Will Ship To:	☐ Waste Management Loc	cation (at above address)	
Ship To Name:		Attn:	
Address:	City:	State:	:Zip:
Phone:	Fax:	Email:	
Shipping Mode: ☐1st Class	s Mail Other:		
Bin Number:	Frequency:		
Preferred Carrier:			
Dispenser Information:			
	□Per Unit □Per Hour	Off Site Dispenser	☐On Site Dispenser
Fitting Fee: \$		_ '	<u> </u>
		·	
If On Site, Fitting Schedule:		·	e:
Address: Phone: Shipping Mode:1st Class	City: Fax:s Mail	State. Email:	:Zip:



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Initial Set Up Information:			
☐Dispenser Ne	eeded Frame Kit Required 5-Frame Kit 10-Frame Kit		
Frame Kit Should Be Sent To:			
Order Forms Should Be Sent To:			
Special Info To	Print On Order Forms:		
Order Informat	tion:		
Purchase Order	r Or Release Number Required/Written On Each Order? □YES ⊠NO		
Order Forms Su	upplied By:		
Orders Submitted By: Optician Waste Management			
Completed Orders Shipped To:			
Frame Repairs Paid By:			
Upon Completion, Optician Notifies: Employee Waste Management			
Hold Notification	ns Sent To:		
Authorized Products:			
Frames:	See Waste Management Authorized Frames (www.ussafety.com/wm)		
Lenses:	Polycarbonate lens material ONLY. Single Vision, Bifocal, Trifocal Standard Progressive Lens (Sola Visuality/AO Pro or equivalent) Note: If the lens selected is not available in polycarbonate, or if the employee is not able to wear polycarbonate lenses, Cr-39 lens material may be used.		
Coatings:	Anti-Reflective Coating Scratch Resistant Coating (for Cr-39 lenses) UV400 Coating (for Cr-39 lenses) Note: UV Protection and Scratch Resistant Coating is provided with Polycarbonate lenses.		
Tints:	Solid Gray #1 or Gray #3 ONLY NO Photochromic or Transitions Lenses Allowed		
Side Shields:	Permanent Detachable		
Eligibility:	1 Pair of glasses / 12 months		
Sales Person:	Date:		
	Fax:Email:		

For complete program information, go to: www.ussafety.com/wm

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