Survival Optics Order Form

Shipping Address		
Name or Business:		
Address:		
Address:		
City:	***State:***	***Zip:***
Telephone:	***Fax:***	
E-mail:		

Billing Address		
Name or Business:		
Address:		
Address:		
City:	***State:***	***Zip:***
Telephone:	***Fax:***	
E-mail:		

Method of Payment & Billing Information		
Billing Terms (approval required for Net 30 & C.O.D.) Visa ☐ MasterCard ☐ AMEX ☐ Discover ☐ Check ☐ Wire Transfer ☐ C.O.D. ☐ Net 30 ☐		
Credit Card #	***Exp Date***	***Cardholders Name***

Today's Date	***Req. Delivery Date***	***Ship Via***	***Sales Representative's Name***	***Business Tax ID No.#***

SOS Sunglass Style or Display	***SOS SKU***	***Remarks/Comments***	***Qty Each***	***Price Each***	***Total***

Subtotal	
Tax *(If app)*	
Shipping *(Calculated Later)*	
Other	
Total Due	

Survival Optics Sunglasses *Tel: 850.932.2242*
5289 East Bay Blvd. *Fax: 850.932.2252*
Gulf Breeze, FL 32563 *Toll Free: 800.613.3186*

SOS Website: www.soseyewear.com

Buyers Signature:_____

Thank you for your purchase!