

SUPPLY ORDER FORM

Invoice #: _____
(AO use only)

Account #:	Sales ID: <small>(AO use only)</small>	Phone:	Date:
Account Name:		<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold;">PLACE MANIFEST STICKER HERE</div>	
City:	Zip Code:		
Contact Name:	PO #:		

BACKORDERS

- Hold** entire order until back ordered items can be shipped
- Split** order, send available items now, back ordered item will ship when available.

If customer has a PO Box loaded in SBT or if the order is shipping to a 2nd location, complete the following:

- Ship to Street Address Ship to 2nd Location

Authorized by: _____
(Complete if different from contact name)

SAMPLES

		Order in Quantities of:
____ ea. R1105	Boston Advance Starter Kits	12
____ ea. R1107	Boston Simplus Starter Kits	12
____ ea. R1375	Optimum Starter Kits	6
____ ea. R1231	Boston Rewetting Drops (5 ml)	20
____ ea. R1241	Boston Liquid Enzymatic Cleaner	12

CARE SYSTEMS

____ ea. R1005	Boston Advance Care Systems	12
____ ea. R1001	Boston Care System - Improved Formula	12
____ ea. R1007	Boston Simplus Care Systems	12
____ ea. R1740	MeniCare GP Starter Kit Set	1
____ ea. R1380	Optimum Care Systems	1

CONDITIONING SOLUTIONS

____ ea. R1205	Boston Advance Conditioner (4 oz)	1
____ ea. R1200	Boston Conditioner - Improved Formula (4 oz)	1
____ ea. R1377	Optimum CDS (4 oz) <i>Cleaning/Disinfecting/Storage</i>	1

PROFESSIONAL CLEANERS, SOLVENTS AND POLISH

____ ea. R1575	Alox 721 Polishing Powder (1 lb. tub)	1
____ ea. R1400	Boston Lab Lens Cleaner (4 oz)	1
____ ea. R1416	Boston Lab Lens Cleaner (16 oz)	1
____ ea. R1500	Boston Professional Cleaning Polish (60 ml)	1
____ ea. R1451	Fluoro-Solve Wax Solvent (4 oz)	1
____ ea. R1730	Menicon Progent Starter (1 pr. treatment)	1
____ ea. R1732	Menicon Progent 7-Pair Pack (7 pr. treatment)	1
____ ea. R1550	Sil-02 Care Polish (4 oz)	1
____ ea. R1552	Sil-02 Care Polish (32 oz)	1

CLEANERS

____ ea. R1300	Boston Advance Cleaner (1 oz)	1
____ ea. R1350	Lobob Cleaner (2 oz)	1
____ ea. R1735	MeniCare GP CDS (4 oz)	1
____ ea. R1705	Supra-Clens Daily Protein Remover (3 ml)	1
____ ea. R1376	Optimum Extra Strength Cleaner (2 oz)	1

REWETTING DROPS

		Order in Quantities of:
____ ea. R1230	Boston Rewetting Drops (10 ml)	12
____ ea. R1704	Clerz Plus Lens Drops (8 ml)	1
____ ea. R1378	Optimum Wet/Rewet Drops (1 oz)	1
____ ea. R1736	MeniCare GP WRW (1 oz)	1

CONTACT LENS REMOVERS

____ ea. R3100	DMV Traditional (w/o hole)	box of 10 or individually
____ ea. R3110	DMV2 Magic Touch (w/hole)	box of 10 or individually
____ ea. R3120	Soft Lens Removers	1

Item #: _____ Qty: _____ Description: _____

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Notes: _____