(Please, write down as print letter)

Postal Address : LUNETTES ART LAB (Attn: Ricky)

- 249 Riley St, Surry Hills NSW 2010
- 0 02 8385 4996
- E-mail: info@plasticsyndrome.com ABN: 85 673 524 948

| Customer detail | | Date _ | |
|---------------------|---|---|---|
| Name | | | |
| Return Postal Addre | SS | | |
| Suburb | State / Zip code | • | Country |
| E-mail | | Contact Number | |
| lodel detail | | | |
| Frame description (| Brand/type of frame): | | |
| How many pairs of e | eyeglasses will you be sending in for | repair: | |
| Lens Included ? | YES NO | | |
| lease use the follo | wing chart as a guide when descri | bing your repair : | Repair description / Break point : |
| ⑤ Hinges | 1 Bridge 1 Nose Pads 8 Pad Arms | ② End Pieces ③ Eye Wires/Rims | |
| | Plastic Syndrome Service NO : | | |
| If SERVICE NO. P2, | Spring Hinges: Standard repair – Hing Please, lock other side same as repaired | | nly, No spring functionality |
| / parts is needed a | Pre-quote is may not accurate price. All anultiple repairs or necessary replacements and we will not proceed without your approventhin are covered under our six-month warrantee. | & extra parts needed. We will al al. All price is included return fr | ways contact you in case any extra work eight by express post Australia wide. |
| I | accept your terms and conditions f | or repairing as stated on | your web site. |
| Name : | Sign: | | Date : |





