



## Request for Credit Form

Account Name \_\_\_\_\_

Account # \_\_\_\_\_

Original Invoice # \_\_\_\_\_

Remake Invoice # \_\_\_\_\_

IMPORTANT: Please include a copy of either the original and/or the remake invoice.

Please check one of the following:

- P.O.G.s' Lab Error \_\_\_\_\_
- Error Edging Lens \_\_\_\_\_
- Doctor's Rx Error \_\_\_\_\_
- Scratch Warranty \_\_\_\_\_
- Non-Adapt \_\_\_\_\_
- Rx off Power/off Axis \_\_\_\_\_
- Frame Defective/Damaged \_\_\_\_\_
- Other\* \_\_\_\_\_

\*Explain Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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- Other\* \_\_\_\_\_

\*Explain Other: \_\_\_\_\_

\_\_\_\_\_  
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When returning lenses for credit, please refer to P.O.G. Labs' policies for prompt response to your returns.

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