

Mail-in Service form

(Please, write down as print letter)

Postal Address :
LUNETTES ART LAB (Attn: Ricky)
249 Riley St, Surry Hills NSW 2010
02 8385 4996
E-mail : info@plasticsyndrome.com
ABN : 85 673 524 948

+ Personal detail

Date _____

Name _____

Return Postal Address _____

Suburb _____ State / Zip code _____ Country _____

E-mail _____ Contact Number _____

+ Model detail

Frame description (Brand/type of frame) : _____

How many pairs of eyeglasses will you be sending in for repair : _____

Lens Included ? YES NO

+ Nose Pad Service Type



Service NO. N1

COLOR NOSE PAD ARM

A - Gold

C - Silver

B - Pink Gold

D - Gun Metal



Service NO. N2



Service NO. N3



Service NO. N4



Service NO. N5



Service NO. N6



Service NO. N7



Service NO. N8

I accept your terms and conditions for repairing as stated on your web site.

Name :

Sign :

Date :

LUNETTES ART GROUP Affiliated Companies

