



# MAIL-IN ORDER FORM

Hilco Eyeglass Repair Center  
Call us with questions: 774-987-1023  
Mon – Fri: 7:30 AM – 7PM

### MAIL-IN INSTRUCTIONS:

- Fill out the form completely;**  
Choose your repair type →  
Include credit card information below  
Provide return shipping address below  
Sign the bottom of this order form
- Pack this completed order form with your damaged glasses securely in a box.**  
Tip: To protect your glasses during shipment, wrap your glasses in their case, tissue, cleaning cloth or bubble wrap.
- Mail package to Hilco:**

**Hilco Eyeglass Repair Center  
31 W. Bacon St.  
Plainville, MA 02762**

Repair Type	Price	Quantity	Total
Standard Frame Repair	\$37.00		
Titanium Repair	\$52.00		
Custom Polarized SunClips (made to order please include hardware color and lens color in comments below):	\$47.00		
Call for pricing if a repair you are looking for is not listed. (Include repair notes below)			
Add Lens Care Accessories			
Lens Care Kit (20 Lens wipes, 1oz Lens Cleaner, 12 Cleaning Cloths)	\$10.00		
Sunglasses Lens Care Kit (10 Lens Wipes, 1oz Lens Cleaner, and Cleaning Cloth)	\$5.00		
Towelette Lens Wipes (30 count)	\$4.00		
Return Shipping	FREE		
<b>TOTAL:</b>			

*\*If the repairs exceed your included payment, we will notify you before starting work.*

### CUSTOMER INFORMATION:

#### Customer Contact & Shipping Information:

Name: \_\_\_\_\_

Best way to reach you with questions (select one):

Phone \_\_\_\_\_ Email \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Repair Instructions:

### CREDIT CARD INFORMATION:

Name on Card: \_\_\_\_\_

Credit Card Type:      Visa      MasterCard      Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

*\*\*If you would prefer to call in your credit card information please call us at 774-987-1023. Please note this could delay your repair by 1 business day.*

### Billing Address if different than shipping:

Street Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please sign this order form. Signature: \_\_\_\_\_ Date: \_\_\_\_\_