



**Low Vision Mart**  
**P.O. Box 641946**  
**Omaha, NE 68164**  
**Phone: 402-491-3191**  
**Toll-free 866-539-4357**  
**Fax: 402-491-3221**

Mail and Fax Order Form  
 Print, complete, and mail or fax to:

Qty	Product Description	Price	Total
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
	<b>Subtotal</b>	\$	
	<b>Shipping</b>		
	<b>7% Sales Tax for Nebraska</b>	\$	
	<b>Total</b>	\$	

**Billing Address**

First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Home  Work   
 Eve Phone \_\_\_\_\_ Home  Work

**Shipping Address**

First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Home  Work   
 Eve Phone \_\_\_\_\_ Home  Work

**Billing Information**

- Visa**  
  **Mastercard**  
  **Discover**  
  **American Express**  
 **Money Order**  
  **Cashiers Check**  
  **Personal Check**

Credit Card # \_\_\_\_\_

Expiration Date (MM/DD/YY or MM/YY) \_\_\_\_\_

Signature \_\_\_\_\_