GlassesPoint.com.au

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Glasses Repair - Request Form

Full name _____

Ph(home) _____

Ph(mobile) _____

Street address _____

Suburb _____

Post code _____

Email _____

Please describe what repairs you require:

Important: Please make sure that your glasses are packed securely, ideally in a case and padded envelope. Include all parts and enclose this form.

Post to: PO Box 3474 South Brisbane QLD 4101 Australia

Phone: 1300 794 190

Fax: 1300 799 210

Email: repairs@glassespoint.com.au