



**OPTIQUE ET VISION**  
**Franck VALBOUSQUET**  
 Opticien diplômé  
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**06162 JUAN LES PINS**  
[www.ovision.com](http://www.ovision.com)  
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 Rcs antibes 332 920 529 - 85 B 340

Customer shipping adress:

First name :  
Second name:  
Number :  
Street :

ZIP Code :  
City :  
Country :  
Phone / Fax :  
E mail :

Fill this form and send it by fax, mail.  
 For bank transfert, please contact us to obtain our bank account information.

***Online purchase order form***

Amount	Reference	Price €
	Shipping charges	
	TOTAL	

Shipping charges France metropolitan:  
 . Small parcel Postal Office insured : 8 euros.  
 . Parcel Postal Office : 18 euros.  
 . Larger parcels carrier : 35 euros.

**Foreign orders : please first contact us for further information. We ship internationally.**

Payment :

. Bank transfert, please contact us to receive our bank account information.  
 . Credit card.  
 Card :  Visa  Mastercard  
 Name of the owner of the card :  
 Please write the 16 numbers : \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ .  
 Date : \_ \_ / \_ \_ .  
 3 digits on the back : \_ \_ \_ .  
 Signature of the card owner :