

MJ Optical Group

Request for Credit

Date: _____

Account Name: _____

Account #: _____

Original Invoice #: _____

Remake Invoice#: _____

Please check one of the following:

- MJ Lab Error
- Error Edging Lenses
- Doctor's RX Error
- Scratch Warranty
- Non-Adapt
- RX Off Power/Off Axis
- Frame Defective/Damaged
- Other (explain): _____

Important:

- Please include a copy of either the original and/or the remake invoice.
- When returning lenses for credit, please refer to MJ Optical's credit policies for prompt response for your returns.
- In order to receive credit, returns must be mailed in by First Class Mail only.