

**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.