SAMPURNA HOME FURNISHINGS PRIVATE LIMITED

Sunglasses Order Form

ORDER DATE _____ **ORDER NUMBER**_____

Customer Name _____

Company Name (if applicable)_____

Phone Number _____

Email Address _____

Shipping Address

Street address_____

City _____

State _____

PIN Code _____

Country _____

Sunglasses Frames Selection

1. **Gender** Men
2. **Brand** Emporio Armani
3. **Frame Style, Shape (Choose from our Catalogs)**_____
4. **Frame Size (If Known)**

   Lens Width_____

   Bridge Size_____

   Temple Length_____
5. **Lens Tint** Gray
6. **Lens Coatings** Polarized
7. **Special Requests/Notes** _____

Customer Signature_____

Date_____

For multiple orders, multiple order forms can be used.

SAVE