



ESSILOR LABORATORIES OF AMERICA CHARGE AUTHORIZATION FORM

****PLEASE NOTE: CHARGES WILL SHOW UP
UNDER ESSILOR LABORATORIES IN DALLAS, TX**

Fax complete form with order form to: 800-553-1730

Account Name: State of Iowa

Account Number (11 Digits) : TCO Minneapolis #40500037614

Patient Name: _____

Credit Card Holder Name: _____

(only if different than patient name)

Credit Card Holder Mailing
Address: _____

City: _____

State: _____

Zip: _____

Credit Card Number: _____

Exp. Date: _____

Credit Card Holder Phone
Number: _____

Shipping Document Number _____

Essilor will fill in shipping document number

Estimated Amount to Charge _____

Email or Fax info for credit
card receipt: _____

(If you would like a credit card receipt emailed, please fill in, otherwise leave blank.)



NOTE: All fields on this form are required to be completed. If any fields are left empty, the order will not be processed until the missing information is obtained.