MIMS OPTIQUE

MAIL-IN EYEWEAR RESTORATION FORM

Thank you for trusting us with your eyewear.

1. CUSTOMER INFORMATION

NAME

PHONE

EMAIL

RETURN SHIPPING ADDRESS

CITY

STATE

ZIP

2. EYEWEAR INFORMATION

BRAND / MODEL (IF KNOWN)

FRAME COLOR

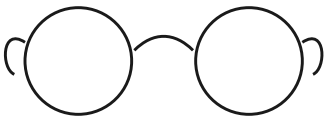
APPROX. AGE / PURCHASE DATE

3. WHAT WOULD YOU LIKE US TO HELP WITH?

- ☐ Polish / Buff
- ☐ Adjust Fit / Temples
- ☐ Plaque / Oxidation
- ☐ Scratch Removal
- ☐ Nose Pads Replaced
- ☐ Custom Engraving
- ☐ Screws Tightened
- ☐ Temple Tips Replaced
- ☐ Other
- ☐ Realign Frame
- ☐ Hinge Repair
- ☐ Refinish / Touch-Up

TELL US WHAT YOU WOULD MOST LIKE IMPROVED

4. AREA(S) OF CONCERN



Front Back

DESCRIBE AREA(S) OF CONCERN

5. LENSES — PLEASE READ CAREFULLY

- ☐ **Keep Existing Lenses** — We do not polish, repair, or guarantee existing lenses.
- ☐ **Remove Lenses** — We are not responsible for lens breakage during removal.
- ☐ **Replace with New Lenses** — We will contact you with options and pricing.

Note: Mims Optique is not responsible for damage to existing lenses. We do not work on or warranty lenses.

6. RETURN SHIPPING

- ☐ Prepaid Label (Mims Optique will email)
- ☐ Tracking
- ☐ Insurance (recommended)

CARRIER

RETURN TRACKING NUMBER

8. SHIPPING CHECKLIST

- ☐ This completed form
- ☐ Eyewear securely wrapped or in a case
- ☐ All accessories (cases, cloths, parts)
- ☐ Copy of purchase receipt (if available)
- ☐ Prepaid shipping label (if using your own)

INSURED VALUE $ (OPTIONAL)

7. RESTORATION APPROVAL

I understand that restoration results can vary and that frames with prior repairs, damage, or heavy wear may not be fully restorable. I authorize Mims Optique to perform the requested services and contact me if additional work is recommended. I agree to pay for the approved services, shipping, and any additional costs incurred.

SIGNATURE (TYPE FULL NAME)

DATE