



# ESSILOR LABORATORIES OF AMERICA CHARGE AUTHORIZATION FORM

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

**Fax complete form along with a copy of the order form to: 877-652-1610**

Account Name: State of Iowa

Account No. (11 Digit): TCO Cedar Rapids 40500019424

Patient Name: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

(only if different than patient name)

Card Holder Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Card Holder Phone Number: \_\_\_\_\_

Estimated Amount to Charge \$ \_\_\_\_\_

Email or Fax info for receipt: \_\_\_\_\_

**f you would like a receipt faxed or 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.