

Kindly fax or email a quotation to me

Fax: +65 6776 6882
Email: pds@safety.com.sg

Name: _____ Designation: _____
Company: _____
Address: _____
Country: _____
State: _____ City: _____ Postal/ZIP Code: _____
Phone: _____ Mobile: _____ Fax: _____ Email: _____

Request for Quote

Please send me a price offer concerning the following PPE:

| Product Code | Page No. | Description | Qty | Unit Price | Amount |
|--------------|----------|-------------|-----|------------|--------|
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| | | | | | |

Price: _____ Validity: _____

Delivery: _____ Terms of Payment: _____

✂

Request For Catalogue

Could you send me _____ catalogue(s)

Name: _____ Designation: _____
Company: _____
Address: _____
Country: _____
State: _____ City: _____ Postal/ZIP Code: _____
Phone: _____ Mobile: _____ Fax: _____ Email: _____

Please retain a copy of this form for future use.



Call: +65 6776 6200
Fax: +65 6776 6882
Email: pds@safety.com.sg

Mail:
PDS INTERNATIONAL PTE LTD
10 Pandan Crescent, #05-03/04 (LL2)
Singapore 128466

To:
PDS INTERNATIONAL PTE LTD

| Invoice To | | Delivery/ Ship to: | | | |
|----------------------|--------------|-----------------------|---------------------------|---------------------------|----------------------------|
| Company: | | Company: | | | |
| Address: | | Address: | | | |
| | | | | | |
| | | | | | |
| State: | City: | State: | City: | | |
| Country: | Postal/ZIP*: | Country: | Postal/ZIP*: | | |
| Phone: | | Phone: | | | |
| Fax: | | Fax: | | | |
| Email: | | Email: | | | |
| Contact Person: | | Contact Person: | | | |
| Purchase Order No: | | Ship by: | <input type="radio"/> Air | <input type="radio"/> Sea | <input type="radio"/> Land |
| Quotation Reference: | | Delivery Instruction: | | | |
| Signature: | Date: | | | | |

* Please delete where applicable.

I am pleased to confirm the order for the following items:

[illegible]

Please check for freight charges at the time of order, GST, shipping, handling and documentation charges, where applicable will be added to your order

Payment

| | | |
|---|----------------------------------|--|
| Telegraphic Transfer <input type="radio"/> | Bank Draft <input type="radio"/> | Other modes of payment <input type="radio"/> |
| Date sent: | Enclosed: | Details: |
| Credit Cards: <input type="radio"/> Master Card <input type="radio"/> Visa <input type="radio"/> American Express | | |

I hereby authorise PDS International Pte Ltd
to charge my credit account

[illegible]

Signature:

Expiry Date: /

Please retain a copy of this form for future use.



PRESCRIPTION SAFETY EYEWEAR FORM



Safety Prescription Eyewear Form

SRX NO:ATTENTION! PLEASE USE **CAPITAL** LETTERS!

ENQUIRIES: CALL/EMAIL PDS LABORATORY

CUSTOMER INFO (REQUIRED BY OOB[†])

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|----------------------|--|--|--|------------|----------------------|--|--|------------------------|----------------------|----------------------|--|--|--|----------------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|
| NAME | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NRIC/FIN | <input type="text"/> | | | | | | | | DATE OF BIRTH (DDMMYY) | <input type="text"/> | | | | SEX: <input type="checkbox"/> M <input type="checkbox"/> F | OCCUP | <input type="text"/> | | | | | | | | | | | |
| ADDRESS | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | POSTAL CODE | <input type="text"/> | | | | EMAIL | <input type="text"/> | | | | | | | | | | | | |
| OFFICE | <input type="text"/> | | | | | | | | | | | | | MOBILE | <input type="text"/> | | | | | | | | | | | | |
| DATE OF LAST EYE EXAM (DDMMYY) | <input type="text"/> | | | | LAST RX: R | <input type="text"/> | | | | L | <input type="text"/> | | | | | | | | | | | | | | | | |

REFRACTION TEST (OPTICIAN ONLY)

| | | | | | | | | | | | | | | | | |
|----------|---|----------------------|-----|----------------------|----------------------------|----------------------|----------------------|----------------------|----------------------|--|------|--------------------|----------------------|--|---------|--|
| DISTANCE | R | SPHERE | +/− | CYLINDER | +/− | AXIS | PRISM | V/A | PD DIST | OPTICIAN: KINDLY FILL IN SECTION, RETURN FORMS TO PDS LAB | NAME | PRACTISING CERT NO | | | | |
| | L | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | <input type="text"/> | | | |
| ADDITION | R | SPHERE | +/− | SEGMENT HT | TINTING | INDEX | PD NEAR | SIGNATURE | OUTLET STAMP | | | | | | | |
| | L | <input type="text"/> | | <input type="text"/> | <input type="checkbox"/> % | <input type="text"/> | <input type="text"/> | | | | | | | | | |
| | | | | | | | | | | SELECT SHIP-TO LOCATION (✓): <input type="checkbox"/> PDS <input type="checkbox"/> MY COMPANY <input type="checkbox"/> OPTICAL OUTLET <input type="checkbox"/> HOME | | | OUTLET NO | | REMARKS | |

| | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| SELECT LENS (✓): POLYCARBONATE <input type="checkbox"/> CR39 <input type="checkbox"/> SINGLE VISION <input type="checkbox"/> FLAT TOP <input type="checkbox"/> PROGRESSIVE <input type="checkbox"/> OTHER: <input type="checkbox"/> | | | | | | | | | | | | | |
| SELECT FRAME: MODEL <input type="text"/> | | | | | | | | | | | | | |
| SIZE <input type="text"/> COLOR <input type="text"/> | | | | | | | | | | | | | |
| ADD ON <input type="text"/> | | | | | | | | | | | | | |

AUTHORISATION & ACKNOWLEDGEMENT

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|--|---------------------------------------|--|--|--|--|--|--|--|--|--|------------------------------------|--|--|--|--|--|--|--|--|--|
| SAFETY OFFICER KINDLY FILL IN SECTION, RETAIN YELLOW COPY & RETURN REMAINING FORMS TO OUR OPTICIAN. | | | | | | | | | | FRAME \$ <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMPANY ADDRESS/STAMP | | | | | | | | | | SAFETY OFFICER/AUTH PERS NAME | | | | | | | | | | LENS \$ <input type="text"/> | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | SIGNATURE | | | | | | | | | | DATE | | | | | | | | | | MULTI-COAT \$ <input type="text"/> | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TINTING \$ <input type="text"/> | | | | | | | | | |
| | | | | | | | | | | TEL <input type="text"/> | | | | | | | | | | FAX <input type="text"/> | | | | | | | | | | ANTI-FOG \$ <input type="text"/> | | | | | | | | | |
| CUSTOMER NO <input type="text"/> | | | | | | | | | | P.O. NO <input type="text"/> | | | | | | | | | | TOP UP/ADD ON \$ <input type="text"/> | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | GST/VAT \$ <input type="text"/> | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | TOTAL \$ <input type="text"/> | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | CUSTOMER ACKNOWLEDGEMENT | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | NAME SIGN/DATE | | | | | | | | | | | | | | | | | | | |

BILLING & SHIPPING INFORMATION

| | |
|-------------------------------|---|
| BILL TO: COMPANY NAME/ADDRESS | SHIP TO: COMPANY NAME/ADDRESS (IF DIFFERENT FROM BILLING ADDRESS) |
|-------------------------------|---|

[†]OOB - Optometrists and Opticians Board of S'pore (We will not sell or disclose customer information to third parties)

Should you require more forms, make a copy of this one or, call or email us.

Fax: +65 6776 6882
Email: pds@safety.com.sg



Company: _____
 Department: _____
 Contact Person: _____
 Address: _____

 Phone Office: _____ Phone Mobile: _____
 Fax: _____ Email: _____

Note: All the following questions must be answered before we can recommend a product.

| | | | | |
|--|---|---|---|---|
| 1. Type of laser: | 2. Wavelength of Laser: | | | |
| 3. Mode of operation: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px; vertical-align: top;"> If Continuous Wave Laser Output/power(watts) _____ </td> <td style="width: 33%; padding: 5px; vertical-align: top;"> If Single Pulse Laser Output/power(Joules) _____ Pulse Length (seconds) _____ </td> <td style="width: 33%; padding: 5px; vertical-align: top;"> If Multiple Pulse Laser Output/power(watts or Joules) _____ Pulse Length (seconds) _____ Pulse rate (Hertz) _____ </td> </tr> </table> | | If Continuous Wave Laser Output/power(watts) _____ | If Single Pulse Laser Output/power(Joules) _____ Pulse Length (seconds) _____ | If Multiple Pulse Laser Output/power(watts or Joules) _____ Pulse Length (seconds) _____ Pulse rate (Hertz) _____ |
| If Continuous Wave Laser Output/power(watts) _____ | If Single Pulse Laser Output/power(Joules) _____ Pulse Length (seconds) _____ | If Multiple Pulse Laser Output/power(watts or Joules) _____ Pulse Length (seconds) _____ Pulse rate (Hertz) _____ | | |
| Frame/Goggle: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Encore <input type="checkbox"/> Glendale XC <input type="checkbox"/> LOTG Series <input type="checkbox"/> LS9 Series <input type="checkbox"/> LS6 Series </div> | | | | |

Preferred filter:

- ☐ Polymer Filters = Diffused viewing only (plastic lens)
☐ LGT Filters = Laminated glass technology (glass lens)

Date

Signature

Please retain a copy of this form for future use.

Disclaimer:

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