

COMPANY INFORMATION

Company/Name:

Owner:

Address:

City: Province / State: Postal / Zip Code: Country:

Phone 1: Phone 2 :

Fax :

CONTACT INFORMATION

FIRST NAME :

LAST NAME :

Sign Up for Our Monthly Promotion and New Product Releases

I authorize Kleargo Inc to communicate with us via email.

Email:

Signature:

Date:

BUYING GROUP

YES N/A

Specify:

Member #:

BUSINESS INFORMATION

- Ophtalmologiste
- Optometrist
- Optician
- Lab
- Other Specify:

Please note that we will require billing information, payment and reference information for placing orders.

Your approved registration will provide you access to our price list and future online shopping cart account.

please send the completed form to info@kleargo.com



5555, Bois Franc
St-Laurent, QC, H4S 1B1

www.kleargo.com

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Champlain, NY, 12919

