

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

- ☐ Ophtalmologist
☐ Optometrist
☐ Optician
☐ Lab
☐ Other Specify:

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

We offer automatic monthly payments, please call us if you would like enroll.

Your registration will provide you access to our price list and the ability to shop online.



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St-Laurent, QC, H4S 1B1

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Champlain, NY, 12919

