

INNOVA Medical Ophthalmics, Inc.
New Customer Setup & Credit Application

48 Carnforth Rd. North York ON M4A 2K7
 Tel: 416-615-0185 Fax: 416-631-8272

Name of Business & Billing Address

LEGAL NAME OF COMPANY	TEL #
STREET	CITY & PROVINCE
POSTAL CODE	ACCOUNTS PAYABLE CONTACT:
ACCOUNTS PAYABLE EMAIL	ACCOUNTS PAYABLE FAX
Purchase Order required?	PST EXEMPT? Attach Exemption Certificate

Shipping Address (if different from Above)

NAME	TEL#
STREET	CITY & PROVINCE
POSTAL CODE	CONTACT

Please list any other Doctors that work from the location listed above

Account Type

Company	<input type="checkbox"/>	MD Specialty:			
Hospital	<input type="checkbox"/>	Cataract Surgery	<input type="checkbox"/>	Ophthalmic Pathology	<input type="checkbox"/>
Ear Nose & Throat	<input type="checkbox"/>	External Disease & Cornea	<input type="checkbox"/>	Refractive Surgery	<input type="checkbox"/>
General Practitioner	<input type="checkbox"/>	Genetics	<input type="checkbox"/>	Retina & Vitreous	<input type="checkbox"/>
Laser Centre	<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	Ultrasound	<input type="checkbox"/>
Ophthalmologist	<input type="checkbox"/>	Medical Ophthalmology	<input type="checkbox"/>	Uveitis	<input type="checkbox"/>
Optometrist	<input type="checkbox"/>	Neuro	<input type="checkbox"/>		
Optician / Optical Store	<input type="checkbox"/>	Ocular Oncology	<input type="checkbox"/>		
Resident - Ophthalmologist	<input type="checkbox"/>	Ocular Plastic Surgery	<input type="checkbox"/>		
Student - Optometrist	<input type="checkbox"/>				
Dentist	<input type="checkbox"/>				
Veterinarian	<input type="checkbox"/>				

Does this Doctor work out of another office/location? Y / N

If yes, please list alternate addresses below and any other Doctors working in that location:

PAYMENT TERMS

Credit Card will be charged on first order, **at time of order**. Please submit your credit card information and details below.
 Cheque payment is required for invoices following the first order. **Payment on delivery.**

VISA _____ Exp # _____ Cardholder _____

MC _____

Signature: _____ Print Name: _____ Title: _____