

Mr. Edward P. Boles, **President**



Dr. Edward H. Miles, **Secretary**

# CPS OPTICAL

## Request to Become A CPS Optical Provider

Please complete the fields below, email or mail the completed document to CPS and a representative will be reaching out to you shortly.

Do you prefer to be contacted by phone \_\_\_ or email \_\_\_ ?

Date: \_\_\_/\_\_\_/\_\_\_

Name of Owner: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Name of Optometrists: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Ophthalmologists at your office: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Office Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about CPS? \_\_\_\_\_

CPS email: [request@cpsoptical.com](mailto:request@cpsoptical.com) or fax: 212-675-1147

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