

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



CPSOPTICAL

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: irena@cpsoptical.com or fax: 212-675-1147

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