

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

Comprehensive Professional Systems Inc.
11 Hanover Square, 8th Floor, New York, NY 10005
Tel: (212) 675-5745, Fax: (212) 675-1147
www.cpsoptical.com