

KYON Credit Card Registration:

Please complete this form and fax it to the Boston office (617) 567-3193 or call the Boston office (617) 567-2436 to set up credit card payments by phone.

Account Number (Provided following registration): _____

Practice Name: _____

Doctor's Name: _____

Credit Card Information:

Please enter the following information exactly as it appears on the credit card statement.

Country: _____

Name: _____

Card Type: Visa Master Card American Express Discover

Card Number: _____

Expiration Date: Month: _____ Year: _____

Card Security Code: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

ZIP Code: _____

Email Address (payment confirmation sent to this address): _____

Telephone: (_____) _____

Charge Automatically Upon Shipment