

Client Registration:

If you are interested in becoming a KYON client and would like to create an account, please complete the following fields. Fax the completed form to the Zurich office + 41 44 350 31 06, where your information will be processed and your account will be configured.

Please complete any and all fields that apply.

Account Information:

Doctor's Name: _____

Practice Name: _____

Street: _____

City/Town: _____

State/Province: _____ ZIP Code: _____ Country: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Website Information:

Doctor's Name: _____

Practice Name: _____

Street: _____

City/Town: _____

State/Province: _____ ZIP Code: _____ Country: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Ordering/Shipping Information:

Inventory Management Technician Information:

Contact Name: _____

Phone: _____

Email: _____

V.A.T. #: (Required by customs for shipments to the EU) _____

Purchase Order #: _____

Special Instructions: _____

Shipping Address:

Street: _____ City/Town: _____

State/Province: _____ ZIP Code: _____

Billing Information:

Contact Name: _____

Billing Address:

Street: _____ City/Town: _____

State/Province: _____ ZIP Code: _____

Phone: _____

Please select your preferred form of payment:

- Direct Bank Transfer Check Credit Card

KYON AG Payments - (Visa and MasterCard) To arrange credit card payments, please complete the credit card information form and fax it to +41 31 950 25 01.