

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 our Boston office 617.567.3193, 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: _____

Tax ID #: (Required by U.S. Customs for international shipments over \$2,000) _____

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:

Check

Credit Card

Charge Automatically Upon Shipment

Boston Payments (Visa, MasterCard, American Express, and Discover) Please call our office at 617.567.2436 to arrange credit card payments.