



**DAVEY
OPTICAL
EQUIPMENT
REPAIR
SERVICE**

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Customer Information Form

Company

Name: _____

Address: _____

FEIN / EIN / TIN (Federal ID) [US Customers Only]: _____

Contact

Name: _____

Phone: _____

E-mail: _____

Fax: _____

Ship to [if different from above]

Name: _____

Address: _____

Preferred method of shipment:

Ground or Air _____

Credit Card Payment Information

Credit Card Number: _____

Expiry Date: _____

Security Code: _____

Cardholder's Name: _____