WhiteOp
White Ophthalmic Supply

Account Number: _____

If you do not have an account number please fill out the following and provide a credit card below for payment:

Name: _____

Address: _____

_____

City: _____ Prov: _____

Postal Code: _____

Phone Number: _____

Fax Number: _____

Fax this order sheet to
1-800-661-9175
Local Calgary
403-285-1487

Or email to
Orders@whiteop.ca

Quantity	Item Number	Notes

Free Shipping on orders over $100 before the sales tax.

If you wish to pay by credit card please fill out the below info:

Email This Form

Card number:

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Expiry Date: __ __ / __ __