

## Dosimetry Order Form

Main Account		
Company:	Address:	
City:	State:	Zip:
Phone:	Fax:	
Contact Name:	Email:	

Payment Information*	
<input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	
Card Number:	Expiration Date:
Cardholder Name:	Security Code:
<input type="checkbox"/> Check (subject to approval)	

Ship To		
<input type="checkbox"/> Same as Main Account <input type="checkbox"/> Multiple Sites (Use more forms as needed)		
Company:	Address:	
City:	State:	Zip:
Phone:	Fax:	

Billing Address		
<input type="checkbox"/> Same as main <input type="checkbox"/> Same as ship		
Company:	Address:	
City:	State:	Zip:
Phone:	Fax:	

Requested Start Date	Requested End Date	Exchange Frequency
<input type="checkbox"/> RUSH (\$27 fee)		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

