CT ACR PHANTOM ORDER FORM
American College of Radiology
CT Accreditation Program

Price Update January 24, 2020
In order to purchase the phantom required for accreditation you must complete the following information.
Please send the completed form to: Gammex, Inc.
7600 Discovery Dr.
Middleton, WI 53562

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Quantity</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT 464 Phantom*</td>
<td>$4,980.00</td>
<td></td>
<td></td>
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<tr>
<td>CT 464 Phantom stand*</td>
<td>$500.00</td>
<td></td>
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<tr>
<td>CT 464 Carrying (soft) case*</td>
<td>$500.00</td>
<td></td>
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<tr>
<td>CT 464 Software (RapidCheck)</td>
<td>$2,500.00</td>
<td></td>
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<tr>
<td>CT 464 Extension Plate Kit*</td>
<td>$1,750.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CT 464 Extension Plate Kit soft case*</td>
<td>$500.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Shipping and Handling: $57.00
Tax ** WI and IL ONLY
3% credit card processing fee

TOTAL AMOUNT ENCLOSED: $ [ ]

*See attached pictures of stand and carrying case

** If product is to be used in Wisconsin or Illinois, are you taxable?  Yes ☐  No ☐
If no: Wisconsin or Illinois tax exemption number: _____________________________

Signed: ___________________________  Title: ___________________________  Date: ____________

☐ Fee enclosed in the form of a check, payable to Gammex, Inc., for the amount of $ ________ (Checks should include the name of the facility)

☐ Credit-card payment in the amount of $ ____________ (please include 3% processing fee)

*** Please complete and return attached Credit-card payment sheet with order form.***

For questions related to payment or shipment of phantom, please contact Gammex Customer Service at (800) 426-6391 or Fax at (608) 828-7500 (note: Gammex tax ID#: 36-3648215)

CTAP # (required)
Facility Name
Shipping Address
City, State, Zip
Billing Address
Contact Name
Contact Telephone
Contact Fax
E-mail Address

This is a required form. Attach it to your check when ordering your site’s phantom. Phantoms will not be shipped to your facility if this form is not sent to manufacturer. Visit sunnuclear.com for additional information.
CT ACR 464 ACCREDITATION PHANTOM WITH SELECT ACCESSORIES

CT 464 Accreditation Phantom & Stand*

CT 464 Accreditation Phantom & Stand Soft Case*

CT 464 Accreditation Phantom & Extension Plate Kit*
(Kit includes large expandable stand and 2 extension plates)

CT 464 Accreditation Phantom & Extension Plate Kit Soft Case*

RapidCheck with 464 Analysis*

*All items Sold Separately

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CREDIT CARD AUTHORIZATION

In order to process a credit card purchase we must have all of the following information. Please print all entries clearly except signature.

Circle One: VISA  MASTER CARD  DISCOVER  AMEX

Name on the credit card: __________________________________________________________
(Exactly as it appears on the card.)

Account Number: ________________ - ________________ - ________________ - ________________

Expiration Date: ________________  CVV2/CDI: __________________

Address on the credit card statement:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Dollar amount authorized to charge:  $ __________________________

Full name of authorized person: __________________________________________________ ( print )

Signature of authorized person: _________________________________________________

Date: ____________________________

Phone # ____________________________

Email ____________________________