ORDER FORM FOR THE LARGE MRI ACCREDITATION PHANTOM & LEVEL
J.M. Specialty Parts Item: ACR-PH1
For Scanners Designed for Full Body Examinations
Dimensions: 8" Diameter, 6-3/4" Cylinder Length, 7-1/4" Length with Level Bar

Notice:
- Returns are subject to a $400 restock fee and your facility pays the overnight return shipping.

In order to process your phantom order in a timely manner please complete all of the following.
1 – Complete the Phantom Order Form for each address you would like a phantom shipped to.
   (Lower portion of this sheet) Please supply all information.

2 – Payment: **California sites add local sales tax.**
   Purchase orders are not accepted.
   Next day air shipping and handling is included **inside the 48 contiguous states only.**
   Check made payable to JM Specialty Parts, Inc. in the amount of $1,870.00
   The fee for returned checks is $20.00
   **OR**
   Credit card authorization for $1,870.00, **accepted from USA and territories only.**
   If you do not want to send all your credit card information through email, provide the last 4
digits of the card number, authorized person, signature, date, phone number, email, and we
will call for the remaining information.

3 – Send completed order form and check to:
   J.M. Specialty Parts, Inc.
   11525 Sorrento Valley Rd.
   Suite – B
   San Diego, CA  92121
   **Fax or e-mail completed order form and completed credit card authorization to:**
   Fax  858-704-4959
   Email: customerservice@jmspecialtyparts.com

REQUIRED INFORMATION:
Your ID Number from ACR: MRAP ______________
- If ACR has not assigned your MRAP number then write "Pending" on the line.
- If you are not applying for accreditation, indicate the purpose (resale, research, other
  accreditation) of your phantom purchase.

Facility Name and Shipping Address as it should appear on the shipping label: **NO P.O. Boxes**

Name of Contact Person: __________________________
Phone: __________________________  Fax: __________________________
E-mail: __________________________

**Alaska, Hawaii and all other countries, shipping is not included. Provide a FedEx, UPS, or DHL account number.**
Your Shipping Company’s Name: __________________________ (FedEx, UPS, DHL)
Your Billable Account Number:
The shipping company (FedEx, UPS, DHL) will bill you for shipping, customs, VAT and any other import cost.
- For a quote on prepaid shipping cost, email a copy of your completed phantom order form and specify a
  quote including shipping. Email: customerservice@jmspecialtyparts.com
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: Must be a U.S. address.

________________________________________

________________________________________

________________________________________

Dollar amount authorized to charge:  $ ______________________

Full name of authorized person: ________________________________

( print )

Signature of authorized person: ________________________________

Date: ____________________________

Phone # ________________________________

Email ________________________________