ORDER FORM FOR THE MEDIUM MRI ACCREDITATION PHANTOM & LEVEL
J.M. Specialty Parts Item: ACR-PHM
For Scanners Designed for Full Body Examinations
Dimensions: 7" Diameter, 6-1/8" Cylinder Length, 6-5/8" 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
OR
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 ______________________