ORDER FORM FOR THE SMALL MRI ACCREDITATION PHANTOM & LEVEL
J.M. Specialty Parts Item: ACR-PHE
For Scanners Designed for Extremity Only or Breast Examinations.
Dimensions: 4-1/2” Diameter, 4-1/2” Cylinder Length, 5-3/8” Length with Mounting Bars

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 $1,600.00
The fee for returned checks is $20.00
OR
Credit card authorization for $1,600.00, 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. OR Fax or e-mail completed order form
Suite – B and completed credit card authorization to:
San Diego, CA 92121 Fax 858-704-4959
Email: customerservice@jmspecialtyparts.com

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

REQUIRED INFORMATION:
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.

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 ____________________________