ORDER FORM FOR THE **LARGE** MRI ACCREDITATION PHANTOM

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 $200 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.

Discount Price: Check, paid to J.M. Specialty Parts, Inc. for $1,295.00 USD.

Next day air shipping and handling is included **inside the 48 contiguous states only.** The fee for returned checks is $20.00

**OR**

Full Price: MasterCard, Visa, and Discover (NO Amex) $1,345.00 USD. **accepted from USA and territories only.**

3 – Send completed order form and check to:

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

Your ID Number from ACR: MRAP ________________________

- If ACR has not assigned your MRAP number then leave this line blank and call J.M. Specialty Parts later when you receive your number.
- If you are not applying for accreditation, indicate the purpose (resale, research) of your phantom purchase.

**REQUIRED INFORMATION:**

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

_________________________________________________________

_________________________________________________________

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Name of Contact Person: ________________________________

Phone: ______________________________ Fax: ______________________________

E-mail: ____________________________________________

**Outside the 48 Contiguous United States** (and all other countries), **shipping is not included.**

Your **Shipping Company’s Name:** ____________________________

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, fax or email a copy of your completed phantom order form. Specify the items to be on the quote (phantom and shipping, shipping only) and the reply method, fax or e-mail.

Fax: 858-704-4959  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.

No Amex

Circle One:   VISA     MASTER CARD  DISCOVER

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

Account Number:  

Expiration Date:  
CVV2/CDI:  

Dollar amount authorized to charge:  

Address the credit card bill is sent to:  

Zip Code the credit card bill is sent to:  

Full name of authorized person:  
(print)

Signature of authorized person:  

Date:  

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