



Phone: 858-794-7200  
Fax: 858-704-4959

Fed ID: 20-2145542  
DUNS: 066562083

**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 \$300 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 \$1,270.00

The fee for returned checks is \$20.00

**OR**

Credit card authorization for \$1,270.00, **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**  
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

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



11525 SORRENTO VALLEY RD  
SUITE - B  
SAN DIEGO, CA 92121  
T: (858) 794-7200  
F: (858) 704-4959  
E: customerservice@jmspecialtyparts.com

### CREDIT CARD AUTHORIZATION

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

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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: \_\_\_\_\_

Dollar amount authorized to charge: \$ \_\_\_\_\_

Full name of authorized person: \_\_\_\_\_  
( print )

Signature of authorized person: \_\_\_\_\_

Date: \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_