ORDER FORM FOR THE SMALL MRI ACCREDITATION PHANTOM
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 $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 $995.00 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) $1,045.00 USD, accepted from USA and territories only.

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 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
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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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