



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

Fed ID: 20-2145542
DUNS: 066562083

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.

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 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



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

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: _____