JM Specialty Parts Inc.
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 $500 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 $1,850.00
The fee for returned checks is $25.00
OR
Credit card authorization for $1,850.00, **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.
Suite – B
San Diego, CA 92121

OR

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

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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.

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: _____

Postal code on the credit card statement: Must be a U.S. postal code. _____

Dollar amount authorized to charge: $ _____

Full name of authorized person: _____
(print)

Signature of authorized person: _____

Date: _____

Phone # _____

Email _____