

Suntrac Services, Inc 1818 East Main Street League City, Texas 77573

(281) 338-2133 +1 (800) 579-4513

Order Form

Ship To:	Company:										
	Attn/E-Mail:										
	Address:						04-4-		7:		
	City: Tel No.:						State: FAX No.:		Zip:		
Report To:	Name:						FAX No				
Report 10.	Address:										
	City:						State:		Zip:		
	Tel No.:						FAX No.:	_	Zip.		
Invoice To:	Name:										
	E-Mail:										
	Address:										
	City:						State:		Zip:		
	Tel No.:						FAX No.:				
	omplete the foll		for each badge ordered:								
Last Name		First N	lame	МІ		A – ID # B – SS#	Birth Date	Badge Type (ref. to #4)	Ring Size (S/M/L/XL)	Monitored Region	Sex (M/F)
						C - Other	(MM/DD/YY)	, ,	'	(ref. to #5)	` '
						Input # here:					
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2 Ir	ndicate frequenc	y of se	rvice desired:								
☐ Monthly	(12 shipments/ye	ear)	☐ Quarterly	(4 shipmen	ts/year)		One	time (1 shipme	nt/inquire for p	orice)	
_ ,	(1 ,	,	,		,			` '		,	
ALL se	ervice contracts a	re for a	12 month period, contract uously until written reques	ts less than	12 mor	ths will be at sh	ort term rates.	trac			
CCIVIC	c will be provided	COTTUIN	addsiy uniii whiten reques	t for carloc	iation of	SCIVICE CONTRAC	t is received at our	uac.			
3 W	lear Start Date:										
Q ₁	= 1 st Day of each	Quarte	er				☐ Q4 = 15 th Day o	f each Quarter			
	= 5 th Day of each						☐ Q5 = 20 th Day o	f each Quarter			
	= 10 th Day of eac						☐ Q6 = 25 th Day o				
	•						_				
	adge Type					5	Body Region				
_	MeasuRing					·	WB = Whole I	Body			
☐ 30 = A							ARE = Area				
<u></u> 35 = 1	TLD +CR39						EQ = Equipm	ent			
							☐ FN = Finger				

☐ INSTA = I	nstadose								
6 Place	a abaak tha ann	vanulata hilling autian.							
6 Pleas		ropriate billing option:		□ VISA	П	Master Card		American Express	
Card Number:	card			□ VISA		Master Card		American Express	
Expiration Date:			Credit Card	Verification Code /	(CCV):				
Expiration Date: Cre				dit Card Verification Code (CCV):					
Name on Gard.									
☐ Invoice with Po)	☐ Invoice w/o PO							
PO Number:				Phone/Fax:					
PO Contact:	PO Contact:			E-Mail:	_				
7 TERM	IS & CONDITION	IS							
	ally renewed, with	out further notice, for successive like pe		Additional Se	Additional Service Information				
		ac Services Inc 35 business days before includes the termination of all ancillary se		Shipment From Mirion		n	(initial order, choose one)		
including on-line ser	vices, as of the ef	fective date of cancellation. All dosimete		•	2-Day Shipment		\$75.00		
promptly returned to Control Dosimeter		Overnight Shipment			□\$100.00				
A control dosimeter		US Ground Mail			☐ No Charge				
exposure while the dosimeter is in transit and/or storage. The control dosimeter must be returned with dosimeters of the same frequency period.				Customer pays	s postage	e to return badge			
returned with dosinie		Additional Reports/Duplicate of current							
***Non-Returned/Da	amaged Badges		Sent to same a	Sent to same address		\$0.50 per page			
All badges remain	Sent to different address Copies of previously issued reports			\$0.75 per page					
ALL badges remain the property of Mirion and must be returned at the end of each exchange period. A dosimeter (including controls) not returned 90 days after the end					viously	issuea reports			
of the wear period,		Less than 3 ve	Less than 3 years old (prepaid)						
charge for each dosimeter:				Base Charge	Base Charge		\$35.00 per request		
				Copies			\$0.50 per page	:	
				Greater than 3 years old (prepaid) Base Charge					
							\$105.00 per request		
				Copies			\$0.50 per page		
Services not listed	Form 5 – 2 Ply	У		\$5.00 per page	•				
I agree to the terms	and conditions	listed above in order to receive badge	es and badge	holders.					
		o. do. to toosive budg							
Authoriz	ed Company Re	presentative (Printed)	Date		Aut	horized Compa	ny Representa	tive (Signed)	