ORDER FORM FOR THE **LARGE** MRI ACCREDITATION PHANTOM & LEVEL
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 $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.**
Due to backlog, please do not send check until invoice is received.
Invoice will be sent 30-60 days prior to shipping.
Check made payable to JM Specialty Parts, Inc. in the amount of $2,050.00
The fee for returned checks is $25.00
OR
Credit card authorization for $2,050.00, **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

**REQUIRED INFORMATION:**
Your ID Number from ACR: MRAP __________________________
- If ACR has not assigned your MRAP number then write “Pending” on the line.
- If you are not applying for accreditation, indicate the purpose (resale, research, other accreditation) of your phantom purchase.

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. Provide a FedEx, UPS, or DHL account number.**

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
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 __________________________

Rev. 08/2023