



Dosimetry Order Form

Stanford Dosimetry LLC

New Account - fax to 360 933 1794
or email to sales@stanforddosimetry.com

1204 Raymond St. Bellingham, WA 98229

Phone: 360 733 7367 Fax: 360 933 1794

Date: _____

Main Account

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Contact Name: _____

email: _____

Payment

- Check payable to Stanford Dosimetry, LLC
- Credit Card
 - American Express
 - Mastercard
 - Visa

Card Number: _____

Expiration Date: _____

Cardholder Name: _____

Ship To

Same as Main Account

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Contact Name: _____

Report To

Same as main Same as ship

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Contact Name: _____

Requested start date _____

RUSH (\$25 fee)

Exchange Frequency

Monthly bi-monthly Quarterly

Names List

First Name	Last Name	SSN(opt)	DOB (opt)	M/F	Type*

* Types: **XBGN** (standard badge); **Ring(R)**; **Ring(L)**; **XBGN-TE** (standard + CR-39)

For more than 9 names, please send additional page(s)

Authorized by (print): _____

Agree to terms and conditions (initials) _____