

Dosimetry Order Form

- [1] Service Type: TLD (most common) TLD /TE (TLD w/neutron) TLD RING
[2] Frequency Options: Monthly Bi-Monthly Quarterly (most common)
[3] Preferred Start Date (Leave blank for immediate orders):

[4] Billing Address

Company Name: City:
Contact Name: State: Zip:
Street Address: Phone:
Address 2: Fax:
Email:

[5] Shipping Address Same as Billing

Company Name: City:
Contact Name: State: Zip:
Street Address: Phone:
Address 2: Fax:
Email:

[6] Report Address Same as Billing

Company Name: City:
Contact Name: State: Zip:
Street Address: Phone:
Address 2: Fax:
Email:

[7] Credit Card Information Address Same as Billing

AMEX VISA MASTERCARD
Card Number: City:
Security Code: State: Zip:
Expiration Date: Phone:
Street Address: Fax:
Address 2:

[8] OFFER CODE:

Authorizing Individual Signature _____ Date:

Authorizing Individual Name (Print) :

Fax this form to CHP and start saving today +(866) 491-9913.
Contact Sales at +(888) 766-4833 or Email to sales@chpdosimetry.com.

