



# DICOMatic Order Form

**PO Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Shipping Address:</b>	Your Name _____
	Institution Name _____
	Address _____
	_____
	_____
Telephone _____ Fax _____	
e-mail _____	

<b>Payment method:</b>	<input type="checkbox"/> Bill us	<input type="checkbox"/> Payment is inclosed
	Billing Address (if different): _____	

<b>Product:</b>	<input type="checkbox"/> x 2,000,000 tokens bundle (\$us 5,000.00 each) _____
	<input type="checkbox"/> x 5,000,000 tokens bundle (\$us 10,000.00 each) _____
	<input type="checkbox"/> x 12,000,000 tokens bundle (\$us 15,000.00 each) _____
<b>Shipping:</b>	<input type="checkbox"/> Standard Mail No charges
	<input type="checkbox"/> FedEx USA/Canada: \$us 30.00 Other: \$us 50.00 _____
<b>Tax:</b>	GST tax (5%) (if buying from Canada) PST tax (7.5%) (if buying from Quebec)
<b>TOTAL:</b>	_____

\* All prices mentioned in this document are subject to change without notice.

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