



DICOMatic Order Form

PO Number: _____ **Date:** _____

Shipping Address:	Your Name _____
	Institution Name _____
	Address _____ _____
	Telephone _____ Fax _____
	e-mail _____

Payment method:	<input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Credit Card <input type="checkbox"/> Paypal
	Billing Address (if different): _____ _____

Product: First year	<input type="checkbox"/> x 400 studies + 60,000 tokens (\$us 1,000.00 each) _____
	<input type="checkbox"/> x 1,000 studies + 150,000 tokens (\$us 2,000.00 each) _____
	<input type="checkbox"/> x 2,000 studies + 300,000 tokens (\$us 3,000.00 each) _____
Shipping:	FedEx USA/Canada: \$us 70.00 Other: \$us 100.00 _____
Tax:	GST or HST tax (if buying from Canada) GST + PST tax (if buying from Quebec)
TOTAL:	_____

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

Note: If paying by credit card, DO NOT send us your card number yet! We will email you an electronic invoice.

Compliance With Law: Customer and TomoVision will each comply with applicable federal, provincial, state and local laws and regulations and will each retain responsibility for its own laws and regulations. For example, but not limited to, should Customer fail to provide TomoVision with applicable sales tax exemption certificate, Customer is responsible to ensure applicable use tax compliance with any federal, provincial, state and local laws and regulations.

TomoVision 3280 ch. Milletta, Magog Qc, Canada, J1X 0R4,
Toll-Free Tel&Fax: 877-522-3559 (US and Canada only)
Tel: (819) 843-1999 Fax: (819) 843-1999, sales@tomovision.com