



# STANFORD DOSIMETRY ORDER FORM - NEW ACCOUNT

please print or type - complete both pages and fax to (360) 933- 1794

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

PURCHASE ORDER NUMBER \_\_\_\_\_

**TYPES OF SERVICE:**  ~~FILM XBG~~  TLD RING  TLD XBG  TLD XBG/TE

**FREQUENCY:**  MONTHLY  BI-MONTHLY  QUARTERLY

**ANNUAL SUBSCRIPTION with a start date of** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Submitted by:** \_\_\_\_\_

**METHOD OF PAYMENT:**  Check (payable to Stanford Dosimetry, LLC - must accompany this form) [Click to SUBMIT ORDER](#)

Credit Card Amount: \_\_\_\_\_

Visa  MasterCard  American Express

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**SHIPPING ADDRESS:**

**BILLING ADDRESS:**  SAME AS SHIPPING

COMPANY NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

CONTACT NAME (ATTN:) \_\_\_\_\_

CONTACT NAME (ATTN:) \_\_\_\_\_

STREET ADDRESS OR P.O. BOX \_\_\_\_\_

STREET ADDRESS OR P.O. BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**REPORT ADDRESS:**  SAME AS SHIPPING

**CUSTOMER CONTACT:**

COMPANY NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_

CONTACT NAME (ATTN:) \_\_\_\_\_

BILLING PHONE \_\_\_\_\_

STREET ADDRESS OR P.O. BOX \_\_\_\_\_

REPORT PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FAX \_\_\_\_\_

Telephone notification will be based upon NRC occupational dose limits. If other notification limits are required, please contact RDC.

(See Reverse)

**radiation detection company NVLAP Lab Code 100512-0 Film and Thermoluminescent Dosimetry**



## FAX this order form to 360 933-1794

1204 Raymond St. Bellingham, WA 98229

Stanford Dosimetry, LLC since 1988

sales@stanforddosimetry.com tel: (360) 733-7367 www.stanforddosimetry.com





## **Badge Service Terms and Conditions**

### **Shipping**

Badges are shipped to the customer facility free of charge (US only). The customer is responsible for returning the badges to the processor using the provided envelope (or address label for larger accounts.)

### **Control Badges**

One control badge is included in the price for each physical location (account.) Additional control badges may be purchased at the standard badge price.

### **Billing**

The badge service subscription is billed one year in advance unless otherwise agreed upon.

### **Renewal**

The badge service will be automatically renewed each year, for an additional year, unless cancellation request is received in writing at least 30 days prior to the end of the current year's service.

### **Late badges**

A late badge notice will be sent out approximately 45 days after the end of the issue period printed on each badge. If the badges have still not been returned at 60 days after the end of the issue period, the customer will be billed \$25 for each delinquent badge and the account will be deactivated until payment is made. A credit of \$15 will be issued for any delinquent badge finally returned.

### **Changes to account**

Dosimeter badges are prepared as much as 2 weeks prior to shipment. Changes to the wearer list must be submitted to Stanford Dosimetry at least 30 days prior to the start of the issue period in which they take effect. The best way to make a change is to mark up the original order form (sent to you in the confirmation package) and fax it in to (360) 933-1794.

### **Cancellation**

As part of our satisfaction guarantee, any account may be cancelled at any time. The prorated amount for unshipped dosimeters will be refunded to the customer if the cancellation is received at least 30 days prior to the next issue period.

### **Contact Information**

*General information, billing questions, technical information, changes to service*

**Stanford Dosimetry, LLC**

(360) 733-7367 (voice)

(360) 933-1794 (fax)

[support@stanforddosimetry.com](mailto:support@stanforddosimetry.com)

*Badge return address*

**Radiation Detection Company**

PO Box 22300

8095 Camino Arroyo

Gilroy, CA 95020