



Method Of Payment For Dosimetry

CUSTOMER MAILING ADDRESS		CREDIT CARD OR BILLING ADDRESS:	
COMPANY:		COMPANY:	
ATTN:		ATTN:	
ADDRESS LINE 1:		ADDRESS LINE 1:	
ADDRESS LINE 2:		ADDRESS LINE 2:	
ADDRESS LINE 3:		ADDRESS LINE 3:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:
TELEPHONE:		TELEPHONE:	
FAX:		FAX:	
SERIES CODE:		PURCHASE ORDER NUMBER:	

CREDIT CARD INFORMATION

VISA

MASTER CARD

AMERICAN EXPRESS

Card Number:

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Expiration Date:

Card Holder Name:
(Please Print or Type)

Card Holder's Signature:

Do you authorize future orders to be automatically billed to your Visa / Master Card?

Yes

No

You may conveniently return this form to RSO, Inc. by fax (301)498-3017, mail or call in your information @ Washington (301)953-2482 or @ Baltimore (410)792-7444

**RSO, Inc.
5206 Minnick Road
Laurel, MD 20707**