



## *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)

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**Card Holder's Signature:**

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**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**