

International Medcom

Radiation Detection Systems • Technology for a Healthy Planet Since 1986

International
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Special Instructions

Order Form

Company Name _____

Phone Number _____ Fax Number _____

Email _____

Bill to Name & Address: _____

Address line 1 _____

Address line 2 _____

Ship to Name & Address: _____

Address line 1 _____

Address line 2 _____

QUANTITY	PRODUCTS	UNIT PRICE	EXTENDED PRICE
	CRM-100	\$	\$
	Radalert 100	\$	\$
	Inspector Alert	\$	\$
	-Wipe Test Plate	\$	
	GeigerGraph w/cable (PC)	\$	
	GeigerGraph w/cable (Network)	\$	

Full Name on Credit Card _____

Credit Card Number _____

VISA / MC / AMEX Expiration Date _____ CCV Security Code _____

CHECK PREFERENCE	PREFERRED SHIPPING METHOD
<input type="checkbox"/>	UPS Ground
<input type="checkbox"/>	UPS Worldwide Express Saver
<input type="checkbox"/>	FedEx Priority
<input type="checkbox"/>	U.S. Postal Service Express
<input type="checkbox"/>	U.S. Postal Service Priority

Signature _____