



# Radiation Detection Company

## Dosimetry Order Form

3527 Snead Drive  
Georgetown, TX 78626

www.radetco.com  
Phone 512.831.7000  
Fax 512.861.0248

[1] Radiation Source:  Diagnostic X-ray  Other

[2] Service Type:  TLD XBGN (Standard badge)  TLD XBGN/TE (Includes CR-39 for neutrons)  TLD Finger Ring

[3] Shipment Frequency Options:  Monthly  Bi-Monthly  Quarterly

[4] Annualized Payment Calculation: (# of Badges \_\_\_\_\_) X (Unit Price \_\_\_\_\_) X (Frequency<sup>1</sup> \_\_\_\_\_) = \$ \_\_\_\_\_

<sup>1</sup> (12 for monthly; 6 for bi-monthly; 4 for quarterly)

[5] Preferred Start Date (if any): \_\_\_\_\_

[6] Billing Information:

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(You will be registered for our free online service – MyRadCare)*

[7] Payment Information:



Name on the Card

Card Number

Expiration Date

Signature

Purchase Order Number (P.O.) - *If applicable*

*For alternate payment methods, please contact Sales at 1-800-250-3314*

Please accept my signature as authorization to enroll me in the Automatic Renewal Program using the credit card information provided above.

Signature: \_\_\_\_\_

[8] Shipping Address

Same as Billing Address

Same as Report Address

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

[9] Report Address

Same as Billing Address

Same as Shipping Address

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

