



New Account information for Instadose Dosimeter
(note Quarterly Billing is subject to full subscription pricing-not available for discounted pricing)

Date:

Color & Quantity:

Blue

Green

Pink

Silver

Black

Coupon Code: rsale10

Distributor Code: D054

Account Name	
Company Name	
Title	
First Name	
Last Name	
Gender	
Email	
Telephone	
Fax	
Industry (Vet, Dental, Rad, Other)	
Billing Cycle	Quarterly Yearly
Login ID	
Password (at least 5 characters)	
Security Question	
Security Answer	

Once you receive your order-

Information for users other than the ADMIN can be entered when setting up your account and assigning badges online.

For Custom Pricing – Orders VIA PO or to place an order call 410-465-5558
FAX the form to 410-465-5257 or EMAIL InstadoseOrders@LaurusSystems.com



Billing Address-Must Match Billing Information on Credit Card

Billing Company	
First Name	
Last Name	
Telephone	
Fax	
Billing address-Line 1	
Billing address-Line 2 <i>(if needed)</i>	
Billing address-Line 3 <i>(if needed)</i>	
City	
State	
Zip	

Shipping Information (Check if same as billing info)

Company Name	
First Name	
Last Name	
Telephone	
Fax	
Shipping address	
Shipping address Line 2 <i>(if needed)</i>	
Shipping address Line 3 <i>(if needed)</i>	
City	
State	
Zip	

Shipping Method-If you want us to use your FEDEX Account

enter it here

- FedEx Priority (overnight)
- FedEx 2nd Day (2 business days)
- FedEx Express Saver (3-5 business days)
- Fed Ex Ground (7 days)

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Total Badges Ordered

Price Per Badge

Subtotal

Shipping Charge if any

Total Pricing

Payment Information-*Prior Approval is required for Check or PO*

Check/PO

Credit Card

Debit Card

Credit card type:

Visa

Mastercard

American Express

Name on card	
Credit card number	
Expiration date	
Card verification code <i>(back of card)</i>	

FORM SUBMISSION GUIDELINES
SAVE FORM AS A DIFFERENT FILE
ON YOUR COMPUTER AND ATTACH
TO AN EMAIL-FORM NAME-i.e. Instadose Order_your name.pdf
SEND TO: INSTADOSEORDERS@LAURUSSYSTEMS.COM

FOR INTERNAL USE

Account number field: _____

Form entered by CS rep: _____

Date: _____

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