



TLD BADGE ORDER FORM
for new accounts

Company _____	
RSO _____	Phone _____
E-mail _____	Fax _____
When do you want service to start? _____	Purchase Order # (optional) _____
How often do you want to receive badges? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
How often do you want to be billed? <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly	
Shipping Address	Billing Address <input type="checkbox"/> Same as Shipping Address
Attention _____	Attention _____
Street _____	Street _____
City _____	City _____
State _____ ZIP _____	State _____ ZIP _____

Full Name	Birth Date	Sex	Badge Type*

*Badge Types: WB = whole body, R = ring

Terms and Conditions

1. The initial term of this agreement is one year unless otherwise specified. Rates quoted at time of order will remain in effect for the initial term.
2. This agreement will be renewed automatically for successive one-year periods, unless written notification to cancel is received at least 30 days before the renewal date. Rates and terms for all successive periods are subject to change.
3. All badges (dosimeters and holders) remain the property of Troxler Radiation Monitoring Services.
4. Badges not returned to Troxler or returned more than ninety (90) days after the end of the monitoring period are subject to a non-refundable late/lost badge charge.
5. Requests to add or delete badges must be received at least thirty (30) days before the start of the monitoring period in which the changes are to be effective.
6. Troxler will charge for all service provided prior to cancellation. A cancellation fee will be charged if service is canceled prior to the end of the annual agreement period.
7. An invoice for the first year of service will be issued after the first badge shipment. Payment is due within thirty (30) days. A late charge of 1.5% per month, 18% per annum (or lower rate as applicable state laws allow) will be applied to any balance past due more than thirty (30) days.
8. Adjustments to accounts for badges added or deleted or other services requested will be charged or credited at the next regular billing period for the account.

I agree to all of the above terms and conditions and authorize the purchase of this service:

Name (print): _____

Signature: _____

Date: _____

For Troxler Use Only	Facility ID: _____	Entered by: _____	Date: _____
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