



Radiography - Program Order Form

To process your order the following information is needed.

| | | |
|--|--|--------|
| Contact Person | | |
| Phone Number | | |
| Billing Address | | |
| Payment Information - Payments accepted: Purchase Orders, Discover, MasterCard and Visa | | |
| P.O. Number | | |
| Credit Card Information | | |
| Credit Card Type | <input type="radio"/> Discover <input type="radio"/> MasterCard <input type="radio"/> Visa | |
| Name on Card | | |
| Card Number | | |
| Expiration Date | | |
| CVV | | |
| Billing Zip Code | | |
| Mailing Address for Credit Card Statements (if different than billing address) | | |
| For Program Initial Purchase the following information is needed to set up your system. | | |
| Program Name | | |
| Program Accreditation Number | | |
| Time Zone | <input type="radio"/> Eastern <input type="radio"/> Central <input type="radio"/> Mountain <input type="radio"/> Pacific <input type="radio"/> _____ | |
| Program URL | www. _____ | |
| Program Director Name | | |
| Program Director Email | | |
| Dir. Of Clinical Education Name | | |
| Dir. Of Clinical Education Email | | |
| Cohort Name | | |
| Student License (1 per student @\$60.00 each) | # of Student Licenses _____ x 60.00 | Total: |

Please email or mail orders to one of the following:

Email: orders@dataarc.ws

Mail: DataArc, LLC
 6608 Gulf Freeway South
 Suite 600 #176
 La Marque, TX 77568
 Phone Number: 866-328-2552

Thank you for your order.