

mars perceptrix

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Order Form

Date _____

BILL TO: (If paying by credit card, must agree with card billing info)

SHIP TO: Check if same as BILL TO:

Name: _____
 Company: _____
 Address: _____

 City: _____
 State/Province: _____
 Postal Code: _____
 Country: _____
 Telephone: _____
 Fax: _____
 Email: _____

Name: _____
 Company: _____
 Address: _____

 City: _____
 State/Province: _____
 Postal Code: _____
 Country: _____
 Telephone: _____
 Fax: _____
 Email: _____

Quantity	Item	Description	User Manual	Unit Price	Total
	MLCST	Mars Letter Contrast Sensitivity Test (3 charts, protective sleeves, portfolio case)	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese	USD 350.00	
Shipping/Handling (as per quote or web site)					
New York State residents add applicable sales tax					
TOTAL					

PAYMENT METHOD

MASTERCARD VISA

Name as printed on card: _____

Card No: _____ Expiration Date: Month: _____ Year: _____

Authorized Signature: _____

Check enclosed (must be drawn on a U.S. bank). Make check payable to **The Mars Perceptrix Corporation**.