



49 Valley View Road, Chappaqua, NY 10514, USA • Tel: +1 914 239 3526 • Fax: +1 914 239 3557

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	Price (USD)	Total
	MLCST	Mars Letter Contrast Sensitivity Test (Set of 3 charts, sleeves, storage case)	<input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese	395.00	
	MNCST	Mars Numeral Contrast Sensitivity Test (Set of 3 charts, sleeves, storage case)	<input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese	395.00	
Shipping/Handling (as per quotation or web site)					
New York State residents add applicable sales tax					
TOTAL (USD)					

PAYMENT METHOD (Please print clearly)

MASTERCARD VISA AMERICAN EXPRESS

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**.