

# Ordering Information

Orders may be placed via postal mail, e-mail or fax. Orders not accompanied by a purchase order must contain a telephone number for verification, and clearly indicate the physical shipping address. Orders which are not prepaid must indicate the billing address. There is no charge for handling and shipping for destination addresses within the continental US.

## **Payment**

We accept the following forms of payment:

**Company Check:** Please make checks payable to 'Greystone Associates'

**Credit Cards:** We accept MasterCard, Visa and American Express

**Wire Transfers:** See 'Wire Transfers' below for more information

### **Orders Outside the U.S.**

Orders must be prepaid via credit card, company check in US funds and drawn on a US bank, or wire transfer. There is a \$50 per copy shipping and handling charge for international shipments.

**Wire Transfers:** TD Banknorth  
300 Franklin Street  
Manchester, NH 03103  
(Call for Account Information)

**Mailing Address:** P.O. Box 1362  
Amherst, NH 03031

Fax to:  
603-218-7020  
or email to  
[clientservices@greystoneassociates.org](mailto:clientservices@greystoneassociates.org)

## Dual Chamber Syringes & Injectors to 2024

Select	Format	Price (U.S. funds)	Total
<input type="checkbox"/>	Single User	\$2,850.00	
<input type="checkbox"/>	Site License	\$4,500.00	
<input type="checkbox"/>	Global License	\$6,500.00	
<b>Total Payment (U.S. funds)</b>			

Method of Payment: \_\_\_  \_\_\_  \_\_\_  \_\_\_ Wire Transfer (International)

Card Number: \_\_\_\_\_ Name on Card \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV \_\_\_\_\_ Signature \_\_\_\_\_

Billing Information	Shipping Information
Name:	<input type="checkbox"/> Click here if same as Billing Information Name:
Title:	Title:
Company:	Company:
Street Address:	Street Address:
City,State/Province:	City,State/Province:
Country/Postal Code:	Country/Postal Code:
Phone:	Phone:
Fax:	Fax:
Email:	Email: