

# 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.

## **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

Email to  
[clientservices@greystoneassociates.org](mailto:clientservices@greystoneassociates.org)

## Medical Device Sourcing – Japan

Select	Format	Price (U.S. funds)	Total
<input type="checkbox"/>	Single User	\$3,850.00	
<input type="checkbox"/>	Site License	\$6,500.00	
<input type="checkbox"/>	Global License	\$8,500.00	
<b>Total Payment (U.S. funds)</b>			

Method of Payment:  Company Check        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: