



Return via FAX: 770-457-2105

Order Form

Please Specify: New Customer Existing Customer.
PLEASE COMPLETE FORM AND FAX TO 770-457-2105

DATE: ___/___/___ No. of *AirCats* You Wish to Order ___ No. of *TeleMonitors* You Wish to Order ___

NAME: _____ COMPANY NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

SHIPPING ADDRESS (If Different From Above): _____

E-MAIL : _____ CELLPHONE NO: _____ CELLPHONE CARRIER: _____

CERT #: & Exp Dt: _____ STATE LIC #: _____ Exp. Dt.: _____

Are You Currently Providing Radon Testing Services? _____ If So, What Type Of Device? _____

Have You Paid Tuition To A Radalink Training Course Within The Last 90 Days? _____ If So, How Much? _____

COURSE DATE: _____ COURSE LOCATION: _____

PLEASE CHECK BY YOUR PREFERRED BILLING OPTION.

OPTION 3: *AirCat* "Flat Rate" Program (See Price Ledger)

OPTION 2: *TeleMonitor* "Flat Rate" Program (See Price Ledger)

OPTION 1: *TeleMonitor* "Per-Test" Program (See Price Ledger)

Statements are posted at midnight on the 25th of the month.

Monitor rent is billed in advance for the month beginning; processing fees for Option 1 are billed for the month ending.

**I AUTHORIZE, RADALINK, INC. TO AUTOMATICALLY
CHARGE MONTHLY BILLED AMOUNTS TO MY MASTERCARD, VISA OR AMEX.**

**I AM PROVIDING THE FOLLOWING CREDIT CARD INFORMATION
& SIGNATURE, SO YOU CAN PROCESS MY ORDER & MONTHLY BILLS:**

VISA MASTERCARD DISCOVER AMEXP

ACCOUNT NO: _____ EXP. DATE _____

SIGNATURE: _____ 3digit security code (back of card) _____