



# Radiography - Program Order Form

To process your order the following information is needed.

Contact Person	
Phone Number	
Billing Address	
Shipping Address	
<b>Payment Information</b> – Payments accepted: Purchase Orders, Discover, MasterCard and Visa	
P.O. Number	
<b>Credit Card Information</b>	
Credit Card Type	; Discover ; MasterCard ; Visa
Name on Card	
Card Number	
Expiration Date	
Mailing Address for Credit Card Statements (if different than billing address)	
<b>For Program Initial Purchase the following information is needed to set up your system.</b>	
Program Name	
Program Accreditation Number (if applicable)	
Time Zone	; Eastern ; Central ; Mountain ; Pacific ; _____
Program URL	www.
Degree	; Certificate ; Associate ; Baccalaureate
Program Director Name	
Program Director Email	
Clinical Coordinator Name	
Clinical Coordinator Email	
Items for Purchase	
Radiography Program Fee	Yearly Service Fee \$300.00
Radiography Student License (1 per student @\$50.00 each)	# of Student Licenses _____ x \$50.00
	UPS Shipping and Handling (1-25 CD's \$10.00; 26-50 CD's \$15.00)
	<b>Total Purchase Price</b>

Please email, fax or mail orders to one of the following:

**Email:** [orders@dataarc.ws](mailto:orders@dataarc.ws)

**Mail:** DataArc, LLC  
2951 Marina Bay Dr. 130-355  
League City, TX 77573

**Fax:** (281)538-8972

Phone Number: (866)328-2552

DataArc, LLC Tax ID: 76-0653886

Thank you for your order and we look forward to continuing your services