

Dr Doc Box Order Form

(All fields MUST be completed)

1. Organization: _____
 2. Contact Name: _____
 3. Address: _____
 4. City: _____ State: _____ Zip _____
 5. Phone: ____/____/_____
 6. Fax: ____/____/_____
 7. Email: _____
 8. Quantity: _____ Standard Dr Doc Box @ \$972.00 USD _____
 9. Specify Rigging Choice: _____ Port / Starboard _____
 10. Shipping is **NOT** included (and cannot ship via UPS) FOB Camden, New Jersey 08103
 11. NJ Sales Tax 7% (if picked-up or delivered within NJ) USD _____
 12. If paying via PayPal, add the service charge as follows: USD _____
Sales within USA add 2.9%, Outside of USA add 3.9%
- TOTAL:** USD _____

Payable to: Neczypor Dynamics
PO Box 214
Bridgeport, PA 19405

Payment methods accepted:
Check, PO, or PayPal® (neczypor@comcast.net)

E-mail Order Form to: sales@drdocbox.com
Or Fax Order Form to: 1-856-757-9075

Visit us on the Web: www.drdocbox.com

Updated November 1, 2009: Price, policies, availability, packaging designs, and information are subject to change without notice.