

# 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 @ \$ 1,545.00 USD \_\_\_\_\_
9. Specify Rigging Choice: \_\_\_\_\_ Port / Starboard \_\_\_\_\_
10. Shipping NOT included (and cannot ship via UPS) FOB Camden, New Jersey 08103

**TOTAL:** USD \_\_\_\_\_

Payable to: Neczypor Dynamics  
929 S. 6<sup>th</sup> Street  
Camden, NJ 08103

Payment methods accepted:  
Check or Credit Card

E-mail Order Form to: [sales@drdocbox.com](mailto:sales@drdocbox.com)  
Or Fax Order Form to: 1-856-757-9075

Visit us on the Web: [www.drdocbox.com](http://www.drdocbox.com)

Updated April 2, 2017. Price, policies, availability, packaging designs, and information are subject to change without notice.