

GTOCP3 Chip Upgrade Order Form – Chip S or NEWER

Mount using GTOCP3 unit (please circle): 1200GTO 900GTO 600EGTO 400GTO Mach1GTO Other: _____

Mount Serial # (if applicable): _____ (required for Astro-Physics mount)

Control Box Serial # _____ (required for all mounts)

Name: _____

Address: _____

Phone 1: _____

Phone 2: _____

Phone 3: _____

Email Address 1 (primary email contact): _____

Email Address 2 (alternate email contact): _____

INFORMATION REQUIRED: Date and version number written on chip in current control box: _____
(you must remove the cover and read the label, if there is one, on the chip)

CHOOSE OPTION:

____ Customer installs chip

\$ 80.00 USD Chip, Extraction Tool, Instruction Sheets (CHIPKITS)

____ Add 8.25% sales tax if IL resident \$6.60

____ Add shipping US: USPS Priority Mail = \$ 5.15

____ International: USPS Intern'l Priority Mail = \$19.95 to \$35.00 (depends on ship to location)

____ Total, please fill out payment information below.

OR

____ Astro-Physics installs chip in your GTOCP3 Control Box

\$ 80.00 USD Chip (E0318R-S)

\$ 45.00 USD Labor to install chip

____ Add 8.25% sales tax if IL resident - \$6.60 (tax on chip only)

____ Add shipping US: UPS = \$21.85

____ International: Contact Astro-Physics, depends on ship to location

____ Total, please fill out payment information below.

By ordering the chip to install him/herself, the customer acknowledges that s/he assumes responsibility for installing it correctly per instructions. If the chip carrier is damaged, the GTO control box must be sent back to Astro-Physics for repair. The charges will be \$180 plus shipping.

Please fill in the address you would like your upgrade shipped to (please write "SAME" if as above).

SHIP TO ADDRESS: _____

Mail form to:

Astro-Physics

or

Fax: (815) 282-9847

11250 Forest Hills Rd.

Machesney Park, IL 61115

Please see *Payment Options* on following page.

For Astro-Physics use only.

DR _____

SO _____

AMT _____

IN _____

PICK _____

COMPLETE _____

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Payment Options:

☐

Check or Money Order Enclosed

☐

Wire Transfer (please request transfer instructions from Daleen, daleen@astro-physics.com)

☐

Credit Card (Discover/MasterCard/VISA)

Name as it appears on credit card (please print): _____

Credit Card Number: _____

Exp. Date (Month/Year): _____ / _____

3-digit verification (back of card): _____

Billing address of credit card being used: _____

Signature: _____

For Astro-Physics use only. DR _____ SO _____ REF _____ AMT _____