

# Ordering Information

Orders may be placed via postal mail, e-mail or fax. Orders not accompanied by a purchase order must contain a telephone number for verification, and clearly indicate the physical shipping address. Orders which are not prepaid must indicate the billing address.

## Payment

We accept the following forms of payment:

**Company Check:** Please make checks payable to 'Greystone Associates'

**Credit Cards:** We accept MasterCard, Visa and American Express

**Wire Transfers:** See 'Wire Transfers' below for more information

### Orders Outside the U.S.

Orders must be prepaid via credit card, company check in US funds and drawn on a US bank, or wire transfer.

Fax to:  
603-218-7020  
or email to  
[research@greystoneassociates.org](mailto:research@greystoneassociates.org)




**Wire Transfers:** TD Banknorth  
300 Franklin Street  
Manchester, NH 03103  
(Call for Account Information)

**Mailing Address:** Greystone Research Associates  
Client Services  
P.O. Box 1362  
Amherst, NH 03031

## Dry Powder Inhalers

Products, Therapeutics, Markets, Players & Forecasts

Select	Format	License	Price (U.S. funds)	Total
<input type="checkbox"/>	PDF	Single User	\$3,850.00	
<input type="checkbox"/>	PDF	Site License	\$5,500.00	
<input type="checkbox"/>	PDF	Global License	\$7,500.00	
<b>Total Payment (U.S. funds)</b>				

Method of Payment:  Company Check        Wire Transfer (International)

Card Number: \_\_\_\_\_ Name on Card \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV \_\_\_\_\_ Signature \_\_\_\_\_

Billing Information	Shipping Information
Name:	Name: <input type="checkbox"/> Click here if same as Billing Information
Title:	Title:
Company:	Company:
Street Address:	Street Address:
City,State/Province:	City,State/Province:
Country/Postal Code:	Country/Postal Code:
Phone:	Phone:
Fax:	Fax:
Email:	Email: