

GTOCP3 Chip Upgrade Order Form – Chip V2

Mount using GTOCP3 unit: _____
Mount Serial # (if applicable): _____ (required for Astro-Physics mount)
Control Box Serial # _____ (required for all mounts, except early GTOCP3s that do not have one)
Name _____
Address: _____

Phone 1:

Phone 2:

Phone 3:

Email Address 1 (primary email contact):

Email Address 2 (alternate email contact):

APCC Email Address: (Required for APCC trial or purchase):

INFORMATION REQUIRED: Date and version of chip in current control box: _____
(How to determine? Chip version readout from ASCOM or remove the cover of GTOCP3 and read the label on the chip)

CHOOSE OPTION:

____ **Customer installs chip – current chip is Q or earlier**

\$ 80.00 USD Chip, Extraction Tool, Instruction Sheets (CHIPKITV2)

____ Sales Tax: IL and CA require sales tax to be collected. Please call for information.

____ Add shipping US: FedEx Express 2Day = \$10.50, International: depends on destination

____ Total, please fill out payment information below.

OR

____ **Customer installs chip – Absolute or Precision Encoder mounts (applies to 1100, 1600, 3600)**

No Charge Chip, Extraction Tool, Instruction Sheets (CHIPKITV2 for GTOCP3)

No Charge Chip for GTOAE or GTOELS Control Box, if needed

No Charge Shipping

Please contact Astro-Physics if you would like us to install the chip for you. There will be an additional labor charge.

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 minimum \$180 plus shipping.

Please see *Payment Options* on following page.

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

For Astro-Physics use only.	DR _____	CN _____	SON _____
P/MOP _____	VC _____	PICK _____	GTO UPDATE COMPLETE _____

GTOCP3 Chip Upgrade Order Form – Chip V2

Payment Options:

☐ Check or Money Order Enclosed

☐ Wire Transfer (please request transfer instructions from sales at 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: _____