

## Academy GS1-128 Label Submit Form

### Vendor Information

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Company Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

GS1 Company Prefix (7-10 digits): \_\_\_\_\_

Printer used to create bar codes: \_\_\_\_\_

Software used to create bar codes: \_\_\_\_\_

Label format (if applicable): \_\_\_\_\_

### Testing Fee - GS1-128 Label:

There is a charge of \$75.00 for each label tested. Testing fees to be paid by:

- Check Enclosed
- Credit Card Authorization Enclosed
- Applying charges to credit card number provided to BCG on the BCG Symbol Testing Agreement (sign below.)

I understand the testing fees of \$75.00 will be placed on the credit card on file with BCG as part of our BCG Symbol Testing Agreement for the sample submitted on this form.

\_\_\_\_\_ (Signature required)

### Send Label Submit Form and Labels to:

Bar Code Graphics Inc.  
875 North Michigan Ave Suite #2950  
Chicago IL 60611  
Attn: GS1-128 Testing  
Center

ALL INQUIRIES REGARDING LABEL TESTING SHOULD BE EMAILED TO:  
test@barcode-us.com

## Bar Code Graphics, Inc. Testing Agreement

To place bar code testing fees on a credit card, complete the following information and return to Bar Code Graphics, Inc.

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize Bar Code Graphics, Inc. (BCG) to use credit card information provided on this Testing Agreement for:

- Enclosed Bar Code Testing Form(s) ONLY - \$75.00 per label testing fee.  
Total # of samples \_\_\_\_\_ x \$75.00 = \$ \_\_\_\_\_
- Enclosed Bar Code Testing Form(s), as well as any/all future ones submitted to BCG by the Company Name listed above.
  - o I understand that the cardholder is responsible for testing fees for any/all bar code testing form(s) submitted to BCG under the Company Name above, unless BCG is notified in writing prior to any testing forms being submitted.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder's Email: \_\_\_\_\_@\_\_\_\_\_

I understand BCG will be applying bar code testing fees on the following credit card (select one):

Discover       Visa       American Express       MasterCard

Cardholder's Name (as it appears on card): \_\_\_\_\_

Street Address (billing address): \_\_\_\_\_

City, State, Zip (billing address): \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Return completed and signed form to:

Bar Code Graphics, Inc.  
875 North Michigan Avenue  
Suite 2950  
Chicago, IL 60611

Email: [test@barcode-us.com](mailto:test@barcode-us.com)

Fax: 312-664-4939