BAR CODE
G R A P H I C S

········¨6 Y_¨; G%⁄%&, ¨@UVY¨Gi Va]h: cfa

J YbXcf¨=bZcfa Uh]cb

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): _____

HYgh]b[¨: YY¨!¨; G%⁄%&, ¨@UVY¨.

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)

GYbX ¨@UVY ¨Gi Va]h: cfa ¨UbX ¨@UVY¨g¨hc.

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
Fax: 312-664-4939