



Barcode labels for GS1-128

Boscovs GS1-128 Label Submit Form

Vendor Information

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____
 Website: _____
 Product Name: _____
 Product Description: _____
 Product Code: _____

Testing Fee - GS1-128 Label:

I am a new vendor and need to purchase a testing fee.

I am an existing vendor and need to purchase a testing fee.

I am a new vendor and need to purchase a testing fee for a specific product.

I am a new vendor and need to purchase a testing fee for a specific product.

I am an existing vendor and need to purchase a testing fee for a specific product.

I am a new vendor and need to purchase a testing fee for a specific product.

I am an existing vendor and need to purchase a testing fee for a specific product.

Send Label Submit Form and Labels to:

Boscovs GS1-128 Label Submit Form and Labels to:
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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