

****: Ua ci g': cckk YUf'; G%/%&, 'Gi Va]h: cfa

JYbXcf' bZcfa Ujcb

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): _____

HYghbj' : YY!'; G%/%&, '@JY.

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' @JY' Gi Va]h: cfa 'UbX' @JY 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