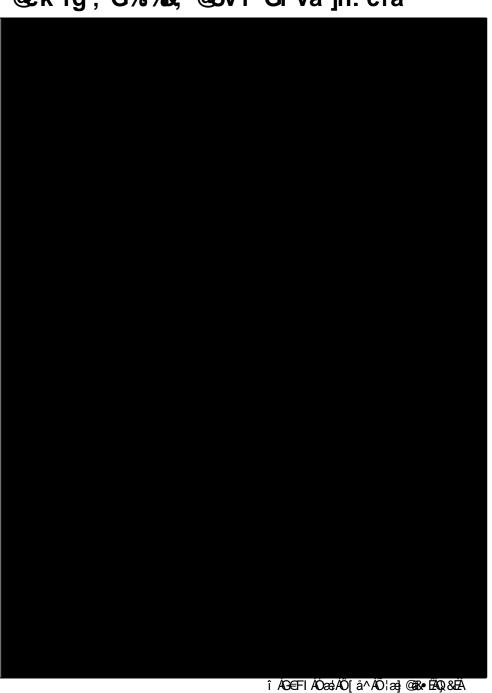


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## **Bar Code Graphics, Inc. Testing Agreement**

	de testing fees on de Graphics, Inc.	a credit ca	ard, complete the fol	lowing information and
Date:				
Company Name:				
Contact Name:				
Email:		Phone.		
I authorize Bar C Agreement for:	ode Graphics, Inc.	(BCG) to us	se credit card informa	tion provided on this Testing
☐ Enclosed E	Bar Code Testing F	orm(s) ONL	_Y - \$75.00 per label t	esting fee.
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Cardholder's Sigi	nature:		Date:	
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I understand BC0 (select one):	G will be applying b	ar code tes	ting fees on the follow	ving credit card
☐ Discover	□ Visa		American Express	■ MasterCard
Cardholder's Nar	me (as it appears o	n card):		
Street Address (b	oilling address):			
City, State, Zip (l				
Credit Card #				
Expiration Date:				
Security Code:				
Return completed	d and signed form t			
Bar Code Graphi 875 North Michig Suite 2950 Chicago, IL 6061	an Avenue			
Email: <u>test@barc</u> Fax: 312-664-493	<del></del>			