



Date: ____/____/____

Barcode Evaluation Submit Form

Company Information:

Company Name: _____

Primary Contact: _____

E-mail: _____@_____

Phone #: _____

Testing Charges:

Evaluation – There is a charge of \$50.00 for each label/symbol evaluated.

Testing charges must be prepaid by either

- Enclosing a check with label samples
- Credit Card – complete Credit Card Authorization below

Credit Card Authorization

I authorize Bar Code Graphics, Inc. to complete label testing charges for:

_____ labels/barcodes x \$50.00 = _____

I understand the total charges of \$_____ will be placed on the following credit card:

(Circle one) VISA AMERICAN EXPRESS MASTERCARD DISCOVER

Cardholder's Name _____

Credit Card # _____ Expiration _____

Cardholder's Signature _____

Turnaround:

Testing Results are e-mailed within (48) hours after receipt of sample. Testing Charges must be enclosed in order to receive results.

Please provide physical samples and send completed SUBMIT FORM to:

Bar Code Graphics, Inc.
333 N Michigan Ave., Suite #1114
Chicago, IL 60601
Attn: Testing Center

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