



Date: ____/____/____

AIAG Barcode Evaluation Submit Form

Company Information:

Company Name: _____

Primary Contact: _____

E-mail: _____@_____

Phone #: _____

Testing Fees:

Evaluation – There is a fee of \$100 for AIAG Part Identification labels (B4) and \$150 for AIAG Shipment Identification labels (B10).

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:

_____ AIAG Part Identification label x \$100.00 = _____

_____ AIAG Shipment Identification labels x \$150.00 = _____

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.

Please send physical samples and completed SUBMIT FORM to:

Bar Code Graphics, Inc.
65 East Wacker Place - #1800
Chicago, IL 60601
ATTN: Identification Labs

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