



The Home Depot Testing Agreement Discounted Pre-Purchased Tests

| | |
|---------------|--------------------|
| Date: | Street Address: |
| Company Name: | City, State & Zip: |
| Vendor ID: | Phone #: |

| Quantity of Pre-Purchased Tests | Price Per Test | Total Package |
|---------------------------------|----------------|---------------------------------|
| 20 | \$35 | \$700 <input type="checkbox"/> |
| 50 | \$32 | \$1600 <input type="checkbox"/> |
| 100 | \$28 | \$2800 <input type="checkbox"/> |

Payment Information:

Check Enclosed.

I authorize Bar Code Graphics, Inc. (BCG) to use the credit card information entered below to pay for the testing fees (select one):

Discover Visa American Express MasterCard

| | |
|--|---|
| Cardholder's Name (as it appears on card): | <input type="checkbox"/> Use Address Above: |
| Street Address (billing address): | City (billing address): |
| State (billing address): | Zip (billing address): |
| Credit Card #: | |
| Expiration Date: | Security Code: |
| Cardholder's Signature: | Date: |
| Cardholder's Email: | |

Return completed and signed form to:

Bar Code Graphics, Inc.
Home Depot Testing Department
65 E. Wacker Place, Ste 1800, Chicago, IL 60601
Email: test@barcode-us.com Phone: 800-662-0701



The Home Depot Testing Submission Form Discounted Pre-Purchased Tests

Ship Point Information: Total Number of Samples Provided in Test Submission: _____

| | | | |
|------------------------------------|-------|----------|--------|
| Company Name: | | Date: | |
| Street Address: | City: | State: | Zip: |
| Primary Contact Name: | | Phone #: | Email: |
| Secondary Contact Name (optional): | | Phone #: | Email: |

| | | |
|--|--|--------|
| Enter UPC or ITF-14 below <input type="text"/> | Product Part or Ref. # (optional): <input type="text"/> | P F |
| Check one: <input type="checkbox"/> Direct Print on Corrugate | <input type="checkbox"/> Printed Label | |
| Carton Dimensions (W" x H" x D") _____x_____x_____ | Label Dimensions (W" x H") _____x_____ | |

| | | |
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