



Stein Mart GS1-128 Label Submit Form

Affix Label Sample Below

Vendor Information:

Date: ____/____/____ Vendor #: _____

Company Name: _____

Primary Contact Name: _____

Phone #: _____ Fax #: _____

Email: _____@_____

GS1 Company Prefix : _____

Printer used to create bar code: _____

Software used to create bar code: _____

For suppliers with multiple ship points, Steinmart recommends that a label be submitted and certified from each one.

Ship Point (From) Zip Code: _____

Testing Fee - GS1-128 Label:

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.

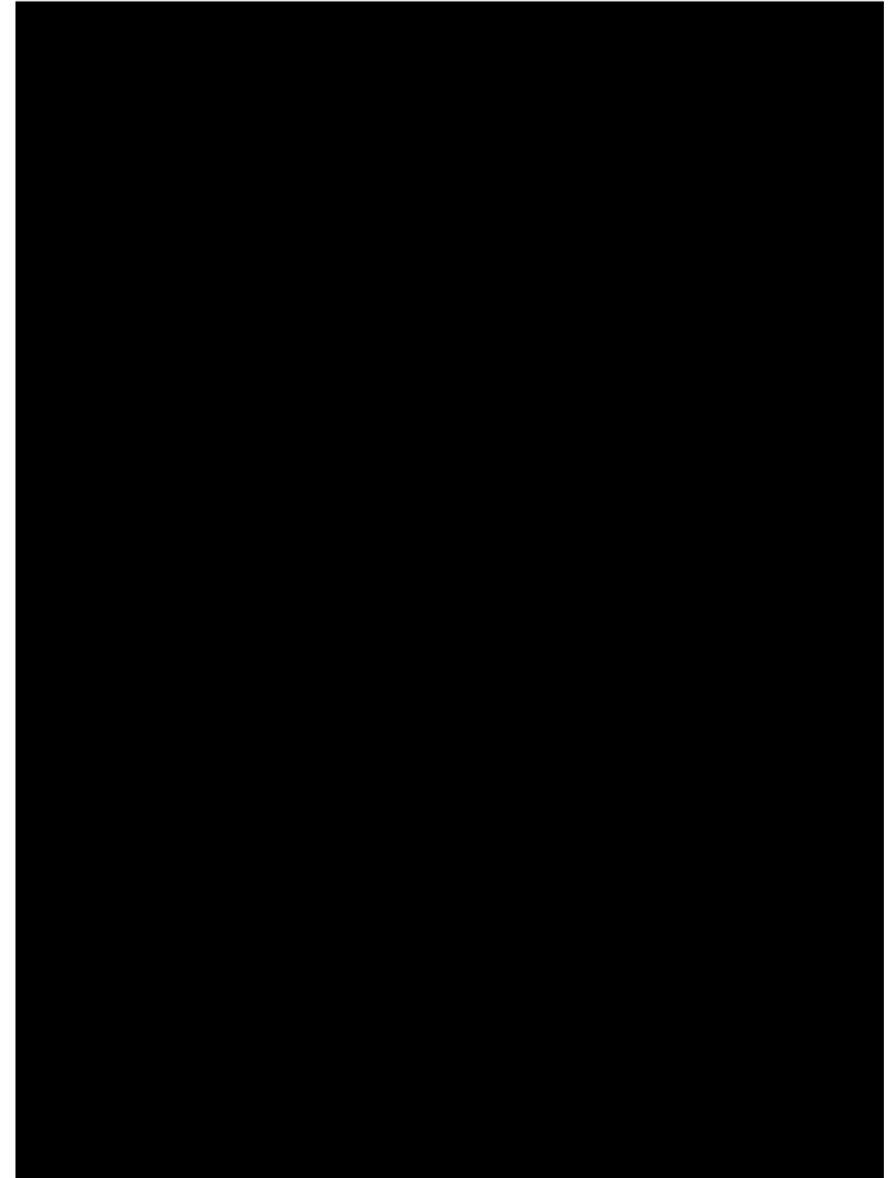
_____ (Signature required)

Send Label Submit Form and Labels to:

Bar Code Graphics, Inc.
875 North Michigan Ave. - #2650
Chicago, IL 60611
Attn: Steinmart GS1-128 Testing Center

Testing Results are e-mailed within (72) hours AFTER receipt of sample. Testing charges must be enclosed in order to receive results.

Bar Code Graphics provides an array of compliance related solutions. Upon passing certification, all Stein Mart vendors are provided a 30-day complimentary subscription to TradingPartner.info to stay current with any changes to Stein Mart requirements. Check box if you do not wish to receive these updates. []



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.
- 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 2650
Chicago, IL 60611

Email: test@barcode-us.com

Fax: 312-595-0725