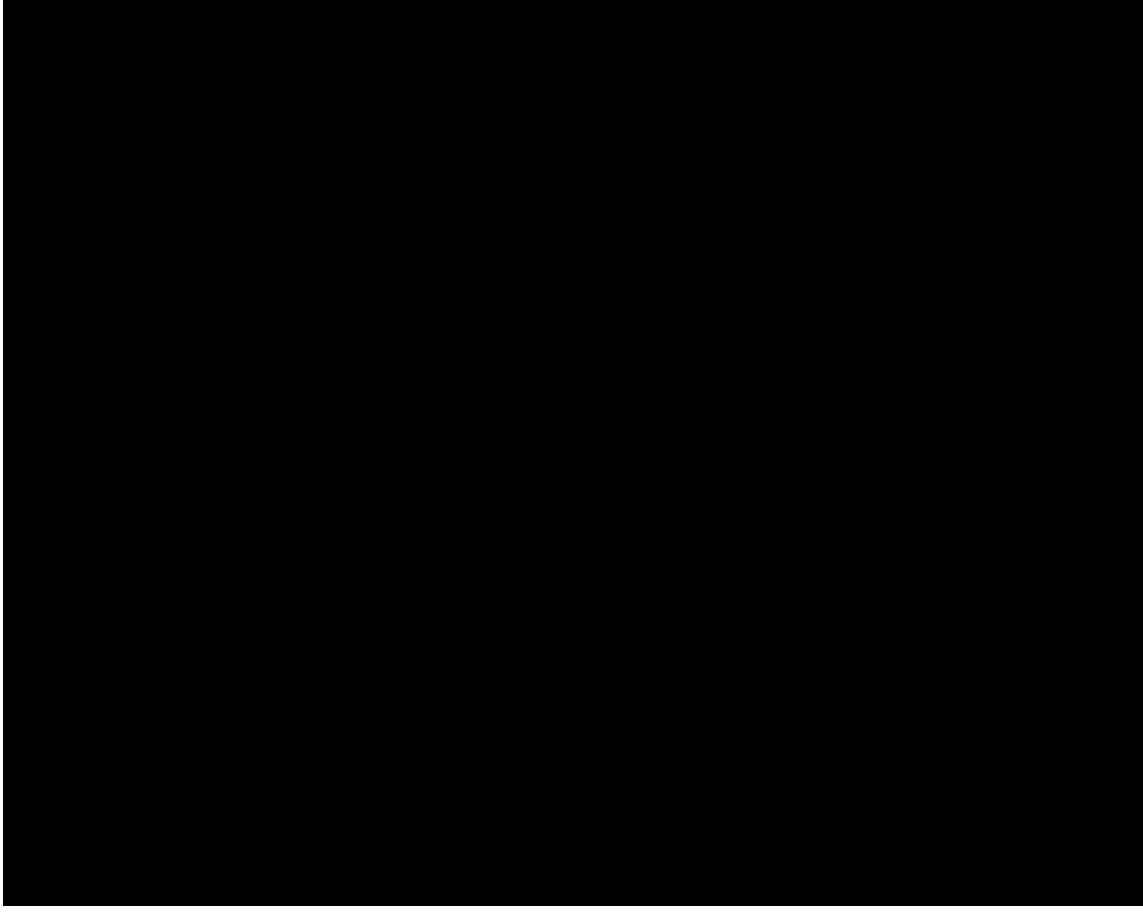




The Sports Authority GS1-128 Label Submit Form

Affix Label Sample Below

<p><u>Vendor Information:</u></p> <p>Date: ____ / ____ / ____ Vendor #: _____</p> <p>Company Name: _____</p> <p>Primary Contact Name: _____</p> <p>Phone #: _____ Fax #: _____</p> <p>Email: _____ @ _____</p> <p>GS1 Company Prefix (6-9 digits): _____</p> <p>Printer used to create bar code: _____</p> <p>Software used to create bar code: _____</p>
<p><u>Testing Fee - GS1-128 Label:</u></p> <p>There is a charge of \$75.00 for each label tested. Initial sample is evaluated at NO CHARGE (only applicable to new suppliers). Testing fees to be paid by:</p> <p><input type="checkbox"/> Check Enclosed</p> <p><input type="checkbox"/> Credit Card Authorization Enclosed</p> <p><input type="checkbox"/> Applying charges to credit card number provided to BCG on the BCG Symbol Testing Agreement (sign below).</p> <p>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.</p> <p>_____ (Signature required)</p>
<p><u>Additional Required Information:</u></p> <p>Please check the type of label format being submitted:</p> <p><input type="checkbox"/> SDQ <input type="checkbox"/> Direct to Store</p> <p><input type="checkbox"/> Musical <input type="checkbox"/> From Vendor to D.C.</p>
<p><u>Turnaround:</u></p> <p>Testing Results are e-mailed within (72) hours AFTER receipt of sample. Testing charges must be enclosed in order to receive results.</p>
<p><u>Send Label Submit Form and Labels to:</u></p> <p>Bar Code Graphics, Inc. 875 North Michigan Ave. - #2650 Chicago, IL 60611 Attn: TSA GS1-128 Testing Center</p>



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