

Stein Mart POS Ticket Testing Agreement

Vendors who prefer to provide their own POS Tickets need to certify every Stein Mart Ticket Format they will be using on their merchandise. To place barcode testing fees on a credit card, please complete the following information and return with a Stein Mart POS Ticket Submission Form.

The fee for a POS Ticket evaluation is \$35 per format. This fee is applicable to all POS Ticket formats. For an additional fee of \$15 per format, vendors and overseas factories may submit a digital copy of a ticket for pre-evaluation. Ticket and barcode formatting can be assessed with this optional evaluation. In order to receive certification, physical ticket samples must be submitted. To send in a digital pre-evaluation copy (.jpg or .pdf) of a format, please complete the following information and send with digital file(s) to test@barcode-us.com

Date: _____

Company Name: _____

Contact Name: _____

Email: _____ Phone: _____

I authorize Bar Code Graphics, Inc. (BCG) to use credit card information provided on this Symbol Testing Agreement for:

Testing Fees

Number of Formats ___ x \$35.00 (Physical samples) = ___

Number of Formats ___ x \$50.00 (Physical & digital samples) = ___

Total _____

(Optional) To use this same credit card for future testing submissions to BCG for the Company Name above.

I authorize that the cardholder is responsible for any/all barcode testing fees 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):

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:

For physical tickets:

For digital submissions:

Bar Code Graphics, Inc.
875 North Michigan Avenue
Suite 2650
Chicago, IL 60611

Email: test@barcode-us.com

Fax: 312-595-0725
(only payment forms can be faxed)

Stein Mart POS Ticket Submission Form: Physical Label

Vendor Information

Date: _____ Vendor #: _____

Company Name: _____

Primary Contact Name: _____

Phone#: _____ Fax#: _____

Email: _____

Testing Fees

POS Ticket formats are evaluated for a fee of \$35.00 each. This fee is applicable to all POS Ticket Formats formats.

Testing fee: \$35 \$0 (\$50 prepaid with digital submission)

Testing fees to be paid by:

Enclosed Check
Enclosed Credit card authorization

Applying charges to credit card number provided to BCG on the BCG Symbol Testing Agreement (sign below).

I understand the testing fee selected above 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)

Turnaround

Testing results are emailed within 72 hours after receipt of sample.

Submission Address

Send a completed Bar Code Certification Form with sample to:

Bar Code Graphics
875 North Michigan Ave, 2650
Chicago, IL 60611

Attn: Stein Mart Testing Center

For additional information, send email to: test@barcode-us.com

AFFIX POS TICKET IN THIS BOX

Select POS Ticket Type below:

HT	RL	UL
MT	HU	LB
MU	ML	LU