



CLFP Pesticide List Program

Subscription Invoice

Member Company
Co Name: _____
Contact: _____
Address: _____

Subscription Code: PESTSUBMEM-12

CLFP Pesticide List Program Subscription

- Subscription Term: January 1, 2012 – December 31, 2012
 April 1, 2012 – March 31, 2013
 July 1, 2012 – June 30, 2013
 October 1, 2012 – September 30, 2013

Item	Amount		Total
CLFP Member Company Rate:	\$995.00	\$995.00

Payment Information	Method of Payment
Credit Card #: _____	CHECK: <input type="checkbox"/> MC/VISA: <input type="checkbox"/> AMEX: <input type="checkbox"/> INVOICE <input type="checkbox"/>
Exp. Date: _____ CCV: _____	
Billing Address: _____	
City: _____ State: _____ Zip: _____	
<small>I authorize CLFP to charge my credit card for Pesticide List Program subscription fees. I agree to pay the amount according to card issuer agreement.</small>	
Name: _____ (as it appears on card)	Cardholder Signature: _____
Date: _____	

Please return this form with payment to:

California League of Food Processors
 1755 Creekside Oaks Dr., Suite 250
 Sacramento, CA 95833
 Phone: (916) 640-8150 ♦ Fax: (916) 640-8156
 Contact: Alissa Dillon ♦ alissa@clfp.com

CLFP Pesticide List Program

~Company Registration Form~

(Please Print Legibly)

Please take extra care in filling out the below information. This information will be entered into the Pesticide Program Database. All fields are required, with the exception of the fax number. ONE main contact for the company will be required. This individual will be provided the company's web based database log-in name and password. Distribution of this database access information will be left up to their discretion.

1) Company Name: _____

Main Contact: _____

Mailing Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

Email: _____

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Sacramento, CA 95833
Phone: (916) 640-8150 ♦ Fax: (916) 640-8156
Contact: Alissa Dillon, alissa@clfp.com

REQUIRED