



# CLFP Pesticide List Program

## Subscription Invoice

<b>Non-Member Company</b>
Co Name: _____
Contact: _____
Address: _____

Subscription Code: PESTSUBNM-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 Non-Member Company Rate:	\$2,095.00 .....	\$2,095.00

Payment Information	Method of Payment
Credit Card #: _____ Exp. Date: _____    CCV: _____ Billing Address: _____ City: _____    State: _____    Zip: _____	<b>CHECK:</b> <input type="checkbox"/> <b>MC/VISA:</b> <input type="checkbox"/> <b>AMEX:</b> <input type="checkbox"/>
<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: _____    Cardholder Signature: _____ <small>(as it appears on card)</small>	
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](mailto:alissa@clfp.com)

# CLFP Pesticide List Program

## ~Company Registration Form~

(Please Print Legibly)

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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.

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1) Company Name: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Contact: Alissa Dillon, [alissa@clfp.com](mailto:alissa@clfp.com)

*\*REQUIRED\**