



# California League of Food Processors Pesticide Program Order Form

International Company	
<b>Purchaser Information</b>	
Name: _____	
Company: _____	
Address: _____	
City: _____	State: _____
Zip: _____	
Phone: _____	Fax: _____
Email: _____	

Pesticide Program Forms	Cost	Qty	Total
<b>PESTICIDE TREATMENT AND CROP HISTORY FORMS</b>			
100 3-part carbonless sets to package - Form PTCH-NCR	\$65	x _____	\$ _____
<b>DAILY STILL RETORT &amp; PRODUCTION RECORD</b>			
100 to pad - Form DSR & PR-1	\$55	x _____	\$ _____
<b>DAILY STILL RETORT &amp; PRODUCTION RECORD FOR WATER SPRAY</b>			
100 to pad - Form DSR & PR-1 & WS	\$55	x _____	\$ _____
<b>GUARANTY BY SELLER</b>			
100 to pad - Form GBS	\$30	x _____	\$ _____
<b>PESTICIDE CHEMICAL RIDER</b>			
100 to pad - Form PCR	\$30	x _____	\$ _____
<b>NOTICE TO GROWER</b>			
100 to pad - Form NTG	\$30	x _____	\$ _____
<b>PARTIAL REFUSAL OF DELIVERY</b>			
100 to pad - Form PRD	\$30	x _____	\$ _____
<b>COMPLETE REFUSAL OF DELIVERY</b>			
100 to pad - Form CRD	\$30	x _____	\$ _____
<b>MEMO FIELD REPORT OF PESTICIDE TREATMENTS</b>			
50 triplicate sets per book - Form MFR	\$30	x _____	\$ _____
<b>GROWERS PESTICIDE REPORT</b>			
100 duplicate sets per package - Form GPR	\$30	x _____	\$ _____
<b>GENERAL INFORMATION</b>			
	\$30	x _____	\$ _____

	SUBTOTAL: \$ _____ 7.75% SALES TAX: \$ _____ SHIPPING CHARGES: \$ <b>35.00</b> GRAND TOTAL: \$ _____
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Payment Information	Payment Method
Credit Card #: _____ Exp. Date: _____ CCV: _____ Billing Address: _____ City: _____ State: _____ Zip: _____	Check <input type="checkbox"/> MC/Visa <input type="checkbox"/> Amex <input type="checkbox"/> Invoice <input type="checkbox"/>

I authorize CLFP to charge my credit card for Pesticide Program forms. I agree to pay the amount according to card issuer agreement.

Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_  
 (as it appears on card)

**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)



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