



California League of Food Processors Pesticide Program Order Form

Non Member Company

Purchaser Information

Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

Pesticide Program Forms	Cost	Qty	Total
PESTICIDE TREATMENT AND CROP HISTORY FORMS			
100 3-part carbonless sets to package - Form PTCH-NCR	\$55	x _____	\$ _____
DAILY STILL RETORT & PRODUCTION RECORD			
100 to pad - Form DSR & PR-1	\$45	x _____	\$ _____
DAILY STILL RETORT & PRODUCTION RECORD FOR WATER SPRAY			
100 to pad - Form DSR & PR-1 & WS	\$45	x _____	\$ _____
GUARANTY BY SELLER			
100 to pad - Form GBS	\$25	x _____	\$ _____
PESTICIDE CHEMICAL RIDER			
100 to pad - Form PCR	\$25	x _____	\$ _____
NOTICE TO GROWER			
100 to pad - Form NTG	\$25	x _____	\$ _____
PARTIAL REFUSAL OF DELIVERY			
100 to pad - Form PRD	\$25	x _____	\$ _____
COMPLETE REFUSAL OF DELIVERY			
100 to pad - Form CRD	\$25	x _____	\$ _____
MEMO FIELD REPORT OF PESTICIDE TREATMENTS			
50 triplicate sets per book - Form MFR	\$25	x _____	\$ _____
GROWERS PESTICIDE REPORT			
100 duplicate sets per package - Form GPR	\$25	x _____	\$ _____
GENERAL INFORMATION			
	\$25	x _____	\$ _____

FOR ORDERS TOTALING: Up to \$25.00 Add \$6.50 \$25.01 - \$50.00 Add \$7.50 \$50.01 - \$75.00 Add \$8.50 \$75.01 - \$100.00 Add \$9.50 Over \$100.00 Add \$10.50	SUBTOTAL: \$ _____ 7.75% SALES TAX: \$ _____ ← SHIPPING CHARGES (see chart): \$ _____ 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