



CLFP Pesticide List Program

Subscription Invoice

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

Subscription Code: PESTSUBMEM-17

CLFP Pesticide List Program Subscription

- Subscription Term: January 1, 2017 – December 31, 2017
 April 1, 2017 – March 31, 2018
 July 1, 2017 – June 30, 2018
 October 1, 2017 – September 30, 2018

Item	Amount		Total
CLFP Member Company Rate:	\$1,045.00	\$1,045.00

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
 2485 Natomas Park Dr., Suite 550
 Sacramento, CA 95833
 Phone: (916) 640-8150 ♦ Fax: (916) 640-8156
 Contact: Olivia Johnson ♦ Olivia@clfp.com