



# CLFP Pesticide List Program

## Subscription Invoice

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

Subscription Code: PESTSUBNM-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 Non-Member Company Rate:	\$2,195.00 .....	\$2,195.00

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"/>
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.	
Name: _____      Cardholder Signature: _____ (as it appears on card)	
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