



CLFP Pesticide List Program Subscription Invoice

Non-Member Company
Co Name:
Contact:
Address:

Subscription Code: PESTSUBNM-14

CLFP Pesticide List Program Subscription

- Subscription Term: ☐ January 1, 2014 – December 31, 2014
☐ April 1, 2014 – March 31, 2015
☐ July 1, 2014 – June 30, 2015
☐ October 1, 2014 – September 30, 2015

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: _____	CHECK: <input type="checkbox"/> MC/VISA: <input type="checkbox"/> AMEX: <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
1755 Creekside Oaks Dr., Suite 250
Sacramento, CA 95833
Phone: (916) 640-8150 ♦ Fax: (916) 640-8156
Contact: Jessica Williams ♦ jessica@clfp.com

CLFP Pesticide List Program ~ Company Registration Form ~

(Please Print Legibly)

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.

1) Company Name: _____

Main Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

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** REQUIRED **