

PARS AND PAPS LABELS ORDER FORM

** NOTE - Client must have a SCAC code certificate from National Motor Freight or the Canadian Carrier code from CCRA.
 To place your order, please fax a copy of the approved carrier code to: (716) 884-5703, Attention: CORINNE, with this order form.

COMPANY NAME _____
 COMPANY ADDRESS _____
 PHONE NO _____ FAX NO _____ EMAIL _____
 CONTACT/TITLE _____

PAPS (into U.S.) NEW BCB CLIENT CURRENT BCB CLIENT
 PARS (into Canada)
 MAIL LABELS TO CLIENT & ADD \$10 COURIER FEE

New clients must prepay their order by cash, check or money order for the total amount. Please mail payment to BCB International, 1245 Niagara St., Buffalo, NY 14213, ATTN: CORINNE. We will mail the labels within 24 business hours after receipt of your payment.

PAPS ORDER QUANTITY: For order label quantities of less than 300, please call Customer Service at (716) 884-1554, ext. 106 for pricing.

	Label Quantity	Set Quantity	# of Sets	Price USD
<input type="checkbox"/>	300	150	2	\$30.00
<input type="checkbox"/>	600	300	2	\$55.00
<input type="checkbox"/>	1200	600	2	\$75.00
<input type="checkbox"/>	1500	750	2	\$90.00
<input type="checkbox"/>	3000	1500	2	\$135.00
<input type="checkbox"/>	6000	3000	2	\$180.00
<input type="checkbox"/>	9000	4500	2	\$195.00
<input type="checkbox"/>	12000	6000	2	\$260.00

PARS ORDER QUANTITY: If more sets are desired, please call for pricing - (716) 884-1554.

	Label Quantity	# of Sheets	# of Sets	Price USD
<input type="checkbox"/>	160	8	1	\$15.00
<input type="checkbox"/>	300	15	1	\$27.50
<input type="checkbox"/>	600	30	1	\$37.50
<input type="checkbox"/>	760	38	1	\$45.00
<input type="checkbox"/>	1500	75	1	\$67.50
<input type="checkbox"/>	3000	150	1	\$90.00
<input type="checkbox"/>	4500	225	1	\$97.50
<input type="checkbox"/>	6000	300	1	\$130.00

Your SCAC or Canadian carrier code: _____

The first number used in your PAPS or PARS numbers will be 1000001 unless otherwise stated here; _____

BILL TO CLIENT AND ADDRESS: _____

MAIL LABELS TO WHAT ADDRESS? _____
 CLIENT WILL PICK UP LABELS AT BRIDGE
 ALEX BAY CHAMPLAIN PB LEW AMB BWB

Please print your name, sign and date this form here: _____