



KCDA No. 18610 Bar **Code** Labels

Please complete this form in conjunction with ordering your Bar Code Labels.

Order Date: _____ Cart # _____

Contact Name: _____

Phone: _____ Ext. _____ Fax: _____

E-mail Address: _____

District: _____

Ship to Address: _____

School Name: _____

Mark For: _____

P.O. # _____

Credit Card # (KCDA will contact for your number)

Name On Card: _____ Exp. Date: _____

1. List the Software Co. and program used? _____
(What type of software automation is being used?)
2. If using check digit, what model number? _____
(Determined by the type of software automation that is being used).
3. Bar Code Symbology? _____
(determined by the type of software automation that is being used)
4. Starting Sequence number? _____
(Determined by the type of software automation need to know masking and length that is being used)
5. Heading imprint information? _____
(The name of the School or Library that needs to be put on label)
6. Proof Requested? _____
(If you would like to see a proof of what label will look like for a test scan an additional charge of \$25.00 will be added to your order)
7. Special Comments? _____
(Are there any other comments that should be added to label?)
8. Sample Label Enclosed (need to see current label that is being used).

Please fill out this form and fax it to KCDA, Attention Customer Service at 253-395-5402