



**NCCS Vending Program
Additional Label Request Form
Annual Payer**

These labels will be placed on:

_____ Bulk Vending Machines _____ Honor Boxes _____ Full Line Machines

Name: _____ would like _____ (qty.) additional labels.

My anniversary month for my annual payment is * _____.

This will bring my total number of labels to _____. According to my licensing agreement with the NCCS, I agree to continue making annual payments to the NCCS totaling \$_____.

Calculate payment below:

Cost per month for the additional labels: \$1 for bulk or Honor Box/\$4.50 for full line

Number of months until anniversary: * _____

Multiply by the number of additional labels: x _____
(Months x number of additional labels)

Equals: = _____

Multiply by monthly cost (\$1 or \$4.50): x _____

Payment due with order: \$ _____

Check one:

My check to cover the additional labels is enclosed.
Check Amount: _____ Check Number: _____

* * * **OR** * * *

Please charge my credit/debit card as follows for these additional labels.

Master Card Visa American Express Discover

Credit Card #: _____

Name on Card: _____ Expiration Date: _____

Signature _____ **Date** _____

Address: _____

City, State, & Zip: _____

Phone: _____ **Email:** _____

**Please fax completed form to 314-735-2023 or mail to:
NCCS Vending, 500 North Broadway, Suite 1850, St Louis, MO 63102**