



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

These labels will be placed on:

\_\_\_\_\_ Bulk Vending Machines \_\_\_\_\_ Honor Boxes \_\_\_\_\_ Full Line Machines

Name: \_\_\_\_\_ would like \_\_\_\_\_ (qty.) additional labels.

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

**Monthly charge for full line machines: \$5.00 per label**

**Monthly charge for bulk or Honor Boxes: \$1.50 each for 25 labels or less  
\$1.00 each for 26 labels or more**

**Cost for additional labels: \$ \_\_\_\_\_**

**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**