



**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, 2900 Frank Scott Parkway West, Suite 928, Belleville, IL 62223**