VERNON
Your Specialist in Library Essentials

Manufacturer & Distributor Since 1973

CUSTOM BAR CODE FORM

1. CUSTOMER INFORMATION

Order Number _____

Name _____

Organization _____

Street (No P.O. Boxes) _____

City _____ State _____ Zip _____

Phone _____-_____-_____

E-mail _____

☐ Check here if you DO NOT want to receive e-mail promotions & offers.

2. INDICATE THE BAR CODE ORDERED:

Item Number	Quantity

3. PREVIOUS BAR CODES ORDERED FROM:

○ Vernon Library Supplies ○ Other Vendor ○ First Order

4. BAR CODES WILL BE USED FOR:

○ Patron ID ○ Titles

5. SPECIFY FINISH & COLOR: *LAMINATED BAR CODE ORDERS ONLY*

○ Gloss ○ Non-Glare Matte

Color: _____

BAR CODE SAMPLE IS REQUIRED

If you are unable to fill out questions 6-8, The sample you provide will give us that information.

6. SPECIFY BAR CODE FORMAT:

○ Code 39
○ Codabar
○ Follett Style "Interleaved 2 of 5"
○ MOD-43
○ MOD-10

7. CHECK DIGIT REQUIRED?

○ Yes ○ No

8. INDICATE THE SOFTWARE PACKAGE YOU ARE USING:

_____

If the software has assigned your organization a 4-digit library number enter it here:

BAR CODE INFORMATION

HEADING IMPRINT INFORMATION:

HEADING NO HEADING

Maximum 30 Characters (exactly as you want it to appear)

START NUMBER: **Library Format** - up to 8 digits **Standard Format** - up to 14 digits

Sequential START Number **Check Digit** (X)

Email - sales@vernlib.com a sample of your current bar code along with your order form.
ENLARGE THE BAR CODE SAMPLE TO 150% OF ORIGINAL SIZE.

Please allow 2–3 weeks for delivery.