



P3-A Symbol Authorization

New Symbol Authorization Fee:

Calculate Fee as follows:

Application Fee (one time)	\$600
Annual License Fee*	+ _____
Total	\$ _____

* The License Fee is \$65 per month. To determine the amount of the Licensing Fee, multiply \$65 x the number of full months from the date of application **through December 2011**.

Renewal of Current Authorization for Calendar Year: *\$780

* Renewals completed after January 1, 2011 are subject to late fee of \$200. Renewal applications made after this date will not be processed without the late fee.

Amendment of Current Authorization: \$475



**3-A Sanitary Standards, Inc.
Payment Form**

Date: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

- Check one: 3-A Symbol Authorization 3-A Process Certification
 Replacement Part Qualification Certificate P3-A Symbol Authorization
- Check one: New Application Renewal Amendment

Payment Amount: _____

Please send payment via credit card or a check in U.S. dollars with completed application to:

**3-A Sanitary Standards, Inc.
6888 Elm Street, Suite 2D
McLean, VA 22101-3829**

Credit Card Type and Card Information

Credit Card: [] VISA [] DISCOVER [] MASTERCARD [] AMERICAN EXPRESS

Card Number	Exp. Date	*Card ID Number

*To help assure a secure transaction, we REQUIRE that a valid Card Identification Number be provided with each credit card transaction. This number is recorded as an additional security precaution.

For Visa, MasterCard and Discover: The Card Identification Number is the 3-digit, non-embossed number printed on the signature panel on the back of the card immediately following the card account number.

For Amex: The Card Identification Number is the 4-digit, non-embossed number printed above your account number on the face of your card.

If you can't see your Card Identification Number on your card, please do one of the following:

1. Call your Credit Card Company to obtain a new card.
2. Utilize another payment method.

PRINT Cardholder Name: _____

Cardholder Billing Address: _____
(if different from above) _____

SIGNATURE of Cardholder: I, _____, hereby authorize payment to 3-A Sanitary Standards, Inc.