





## Consent Statement

Date: \_\_\_\_\_

Consented Agent e-Mail : **info@barcodecanadainc.com**

Consented Agent Phone : **905-936-6511**

To whom it may concern:

We the undersigned, hereby authorize **Barcode Canada Inc.**  
to act on our behalf in all matters relating to applying for a carrier code.  
Any and all acts carried out by **Barcode Canada Inc.**  
on our behalf shall have the same effect as acts of our own.

This authorization is valid until further written notice from :

\_\_\_\_\_  
( Your company name )

Sincerely,

Company Officer Name:

\_\_\_\_\_  
( Print )

\_\_\_\_\_  
( Signature )

Title: \_\_\_\_\_



info@barcodecanadainc.com  
TEL: (905) 936-6511

### PARS ORDER FORM

1. Quantity: 30 \_\_\_ 120 \_\_\_ 500 \_\_\_ 1000 \_\_\_ 2000 \_\_\_ 5,000 \_\_\_
2. Single Labels \_\_\_ Sets of 2 \_\_\_ Sets of 3 \_\_\_
3. Carrier Code: ( 4 characters ) \_\_\_\_\_
4. Company Name on Label: \_\_\_\_\_
5. Sequential Start Number: \_\_\_\_\_  
( 6 digits recommended ; eg. 000001 )

### PAPS ORDER FORM

1. Quantity: 30 \_\_\_ 120 \_\_\_ 500 \_\_\_ 1000 \_\_\_ 2000 \_\_\_ 5,000 \_\_\_
2. Single Labels \_\_\_ Sets of 2 \_\_\_ Sets of 3 \_\_\_
3. Alpha / SCAC Code : ( 4 letters ) \_\_\_\_\_
4. Company Name on Label: \_\_\_\_\_
5. Sequential Start Number: \_\_\_\_\_  
( 6 digits recommended ; eg. 000001 )

**Return to:**

**E-Mail: info@barcodecanadainc.com**

