



USB Implementers Forum  
 3855 SW 153<sup>rd</sup> Drive  
 Beaverton, OR 97003 USA  
 Tel: 503-619-0426  
 Fax: 503-644-6708  
 Email: [admin@usb.org](mailto:admin@usb.org)

## VENDOR ID FORM

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Mail Stop: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip / Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

The company set forth above hereby applies for a USB Vendor ID Number and agrees to the following:  
 The USB Implementers Forum is the authority which assigns and maintains all USB Vendor ID Numbers.  
 Each Vendor ID Number is assigned to one company for its sole and exclusive use, along with  
 associated Product ID Numbers. They may not be sold, transferred, or used by others, directly or  
 indirectly, except in special circumstances and then only upon prior written approval by USB-IF.  
 Unauthorized use of assigned or unassigned USB Vendor ID Numbers and associated Product ID  
 Numbers are strictly prohibited.

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

### For USB-IF use only

ASSIGNED VENDOR ID:

DEC: \_\_\_\_\_ HEX: \_\_\_\_\_

LOGO LICENSE RECEIVED: \_\_\_\_\_

A one time processing fee of \$5,000.00 is required.

Visa, MasterCard, American Express and company checks are accepted. No P.O.s.

### For Vendor ID Number Only - Not For Membership



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## Credit Card Charge Authorization Form

### Company Information:

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Mail Stop: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Zip / Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

### Card Holder Information:

Card Holder Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Mail Stop: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Zip / Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

### Credit Card Information:

Card Type: (Please select one)     VISA     MASTERCARD     AMERICAN EXPRESS  
 Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
 CVV code: \_\_\_\_\_  
*(for Visa & MasterCard: 3-digit code on back of card; for American Express: 4-digit code on front of card)*

Card Holder Name (as is appears on the card): \_\_\_\_\_

I authorize the USB Implementers Forum to charge US\$ \_\_\_\_\_ to my credit card for  
 \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL of the above information must be completed.  
 Incomplete forms WILL NOT be accepted.**