

FROZEN SEMEN CREDIT CARD AUTHORIZATION FORM

for shipments within the United States

I, the undersigned, do authorize Warner Center Pet Clinic or C.L.O.N.E. West to charge my credit card for the processing and shipping of frozen semen as outlined below:

Semen Preparation, 1 week tank rental, extenders and notifications	\$180.00
FedEx Shipping to and from destination	\$200-\$600
*Tank rental for each day over one week.	\$ 10.00 per day
*Lost or damaged tank (if not caused by FedEx)	\$1400.000

(* charges only apply if tank is returned late, not returned or damaged)

By signing below I understand and agree to all of the above.

Print Name Here _____

Sign Name Here _____

Phone Number _____ Today's Date _____

Value of Semen for Shipping Insurance \$ _____ (\$500 insurance included)
(\$1.00 per \$100 increment over \$500.00)

Cardholders Name: _____

Telephone Number: _____ FAX: _____

Circle one: Visa MC AMEX DISC CareCredit

CC# _____ CVV# _____

Expiration Date: _____ Telephone #(____) _____

(*Required) # Address on CC Bill: _____ Zip Code: _____

(For Example if the Bill for the card is sent to 20930 Victory Blvd. You would put 20930)

I have read and understand the charges as outlined above and authorize the use of the credit card listed.

Signature: _____

Name of stud dog _____

Name of bitch _____

Ship to this address: Name _____

Street Address _____

City, State & Zip _____

Phone number _____

PLEASE FAX BACK TO 818-710-9312 with Semen Usage Form
Forms available at www.CLONWest.com