

CANADA-FROZEN SEMEN CREDIT CARD AUTHORIZATION FORM
For Canada Shipments

I, the undersigned, understand that C.L.O.N.E. West will provide an estimate for the processing and shipping of frozen semen, which I will sign and return to C.L.O.N.E. West. By signing the estimate, I authorize Rose City Veterinary Hospital or C.L.O.N.E. West to charge my credit card for the charges as provided in the estimate. The estimate will include tank rental for 2 weeks. I agree to pay \$10.00 per day for every day the tank is not returned after the initial two weeks. In addition, if the tank is not returned within 30 days or if it is returned damaged, I understand that my credit card will be charged a \$1,200.00 replacement fee.

I also authorize Rose City Veterinary Hospital or C.L.O.N.E. West to put my credit card number on the Federal Express air-bill to pay all shipping charges (including all duties and taxes, which will be billed separately at notification by Fed Ex) to ship the tank to its destination and back to Rose City Veterinary Hospital.

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 \$ _____ (Additional cost – please ask)

Cardholder's Name _____					
Telephone Number _____			FAX _____		
Circle one:	Visa	MC	AMEX	DISC	Care Credit
CC# _____		CVV# _____			
Expiration Date _____		Phone Number _____			
(Required) # Address on CC Bill _____			Zip Code _____		
(For example, if the bill for the card is sent to 2695 E. Foothill Blvd. you would put 2695.)					
I have read and understand the charges as outlined above and authorize the use of the credit card listed.					
Signature _____			Today's Date _____		

Name of dog _____

Name of bitch _____

Ship to this address:

Name _____

Street Address _____

City, State/Province & Zip/Postal Code _____

Phone Number _____

PLEASE FAX BACK TO (626) 796-9251