

FROZEN SEMEN CREDIT CARD AUTHORIZATION FORM for International 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 the charges to ship the tank to it's 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)

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 dog _____

Name of bitch _____

Ship to this address: Name _____

Street Address _____

City, State & Zip _____

Phone number _____

PLEASE FAX BACK TO 626-796-8387 with Semen Usage Form
Forms available at www.CLONWest.com