CREDIT CARD AUTHORIZATION FORM

INTERNATIONAL CANINE SEMEN BANK – FLORIDA
105 E. Alfred St.
Lake Alfred, Florida 38850
863-956-5700 – 863-956-8420 fax
Laah105@cs.com

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Lake Alfred Animal Hospital to charge my credit card for services rendered. The services are described and or indicated below:

Collect & Freeze Initial ($315): ☐ Including up to 4 breeding units.
Additional Breeding Units: ☐ How many additional units do you pre-authorize: _____ ($60 each)
Brucellosis Test Performed ($45): ☐
Yearly Storage Fees ($75): ☐ Starts one year after new collections (1st year included).
Shipment Fees (charges determined at time of shipment): ☐

_____
Other services

Charges are not to exceed _____ dollars without my permission. I understand that shipment charges are determined at the time of shipping and are based on current carrier charges. Those charges will be discussed prior to shipping semen.

Additional service charges may apply if funds are not available and the card is declined at the time payment is requested.

Credit Card Holder Information:

_____ _____
First Name Last Name

_____
Billing Address

_____ _____ _____
City State Zip Code

_____ _____
Best Contact Phone # E-mail

_____
Credit Card Number

_____ _____ _____
Expiration Date Security Code Billing Zip Code

_____
Signature

ICSB Visit Information:

_____ _____
Date of Visit Call Name of Dog

_____
Registered Name of Dog

Please note, all ICSB related charges are the sole responsibility of the owner(s). Fees may be applied if balance becomes overdue and the semen stored may eventually be destroyed.

ICSB USE ONLY

_____
ICSB #