



CREDIT CARD AUTHORIZATION FORM
INTERNATIONAL CANINE SEMEN BANK – FLORIDA
105 E. Alfred St.
Lake Alfred, Florida 38850
863-956-5700 – 863-956-8420 fax
laahrepro@gmail.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 (\$350): Including up to 4 breeding units.

Additional Breeding Units: How many additional units do you pre-authorize: _____ (\$60 each)

Brucellosis Test Performed (\$40):

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. I authorize ICSB-FL to charge any amount to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. ICSB-FL has informed me that any charges will be billed to this card without informing me of amounts unless I ask directly for an estimate prior to my credit card being charged. I agree to any fees charged to my credit card.

ICSB USE ONLY

ICSB #