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CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Sirius Canine Fertility, Inc to charge my credit card for services. The description of services is:

(ie: annual storage, semen shipment, supplies, etc)

These charges are not to exceed _____ without my permission.

I understand in the case of shipping with semen or supplies, the shipping charges are an estimate and may be more or less depending on fed ex's current fees.

I agree that the funds will be available and if the card is declined, there will be additional service charges.

Cards accepted are Visa, Mastercard, American Express, Discover and debit cards.

Date: _____ SCF Client name or stud owner: _____

Bitch owner/card holder printed Name: _____

Billing address: _____

Phone: _____ Email: _____

Credit Card Number: _____

Expiration Date: _____ - _____ Security Code: _____

Signature: _____

Please fax this form to: 530-273-9128 or email to: info@siriuscaninefertility.com