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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:

(i.e.: 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 FedEx's current fees. I agree that the funds will be available and if the card is declined, there will be additional service charges.

Date: _____ SCF Client name or stud owner: _____

Bitch owner/card holder printed Name: _____

Billing Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Card Number: _____ Circle: CREDIT or DEBIT

Expiration Date: _____ - _____ Security Code: _____

*Cards accepted are Visa, Mastercard, American Express, Discover and debit cards.
(All credit card transactions will be subject to a 3.5% service charge)*

Signature: _____

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