



# CREDIT CARD AUTHORIZATION FORM

RANDALL POPKIN DVM 604 ELSA DR. SANTA ROSA CA 95407

BREEDER'S VETERINARY SERVICES

I, the undersigned, understand that Breeder's Veterinary Services, BVS will provide an estimate for services rendered. By signing the estimate, I authorize Breeder's Veterinary Services, BVS to charge my credit card for the charges as provided in the estimate.

I also authorize Breeder's Veterinary Services, BVS 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 Breeder's Veterinary Services, BVS.

### BY SIGNING BELOW I UNDERSTAND AND AGREE TO ALL OF THE ABOVE

PRINT NAME HERE OWNER/CO-OWNER: \_\_\_\_\_

SIGN NAME HERE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

VALUE OF SEMEN FOR SHIPPING INSURANCE \$ \_\_\_\_\_ (ADDITIONAL COST PLEASE ASK)

CARDHOLDERS NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

CHECK ONE: VISA  MC  CC# \_\_\_\_\_ CVV#: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ PHONE NUMBER(S): \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_

### I HAVE READ AND UNDERSTAND THE CHARGES AS OUTLINED ABOVE AND AUTHORIZE THE USE OF THE CREDIT CARD LISTED.

SIGNATURE: \_\_\_\_\_

REGISTERED NAME OF DOG: \_\_\_\_\_ MICROCHIP/TATTOO NUMBER: \_\_\_\_\_

REGISTERED NAME OF BITCH: \_\_\_\_\_ MICROCHIP/TATTOO NUMBER: \_\_\_\_\_

### SHIP TO THIS ADDRESS:

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PLEASE FAX BACK TO 707.545.2654 ADDITIONAL FORMS AVAILABLE AT WWW.SHOWDOGMED.COM

SHOWDOGMED.COM PH.707.495.6424 FAX. 707.545.2654