SHIPPING INFORMATION FORM

Name of Stallion:				
lame of Mare:Registration #:				
Mare owner name:				
Billing address:				
E-mail address:				
Mare owner phone#:	(Cell#:		
Person Receiving Semen Ship	ment:			
Shipping Address:				
No PO Box #'s				
Phone #:	FAX:			
Approximate Ship Date: Unless otherwise specified, Fe If you have your own Fed-Exp Federal Express account #:	ederal Express overnight deliv account and wish to be billed	ery will be used I directly, fill in t	to deliver semen shipme	
WE COLLECT M, W, F, PLEASE BY 10:00 A.M. DAY OF COLLEC TO BREED ONE MARE. EXTRA	CTION. ONE DOSE OF SEMEN	WILL BE SHIPPE	D. THERE IS ENOUGH CEL	
*	*CREDIT CARD AUTHORIZATIO	N FORM**		
THIS IS TO VERIFY THAT I, HORSES AND CRAB ORCHARD MASTER CARD/VISA, DISCOVE COVS HAS NOT STAMPED MY AUTHORIZATION. RUDD QUA AUTHORIZATION. 4% CRED CREDIT CARD TYPE: CIRCLE: V	VETRINARY SERVICES TO PAY ER OR AMERICAN EXPRESS CR CARD BUT WILL KEEP THIS LE RTER HORSES WILL CHARGE N DIT CARD USAGE FEE WILL APP	MY ACCOUNT VEDIT CARD. RUD TTER AND SIGNAMY STATEMENT PLY.	WITH THE USE OF MY DD QUARTER HORSES OR ATURE ON FILE TO VERIFY UPON EXECUTION OF THI	
CREDIT CARD #:		EXP:	SEC:	
NAME ON CARD:	SIGNATURE:_			
Billing Address:				
City:	State:		7in	