



ICSB Nor Cal Client Registration

5988 Griffith Ave
Marysville, CA 95901
Phone: 530-923-7855

Email: info@icsbnorcal.com
Website: www.icsbnorcal.com

By my signature below, I authorize ICSB Nor Cal, to perform services for me. I agree to all statements made in the document preceding this signature and any statements made in the following document. I understand ICSB Nor Cal does not guarantee fertility or successful fertilization. My payment for SCF services is due at the time of the service. Other charges may be applied to my credit card at a later date, if additional services are necessary. ICSB Nor Cal may or may not notify me of these additional charges prior to charging my credit card. Any charges may be made without my permission. In the event I initiate a chargeback, I understand I will be charged additional office fees. If ICSB Nor Cal has to prove in any way that I authorized the use of my credit card, I will incur additional fees for personnel time required to prepare a response to my chargeback. I also agree that any person I allow to access my frozen semen at ICSB Nor Cal, or any person that pays fees billed to my account at ICSB Nor Cal will be guaranteed by me. Any person I ask ICSB Nor Cal to bill on my behalf will be informed by myself of fees or charges made by ICSB Nor Cal to their credit card. If the person reverses any charge at ICSB Nor Cal I will be held liable for reimbursement to ICSB Nor Cal immediately. It is my responsibility to ensure ICSB Nor Cal is paid for all services performed by or charged through ICSB Nor Cal to my account. I also understand that they are not responsible for the services rendered by other professionals, ie: Delta, Fedex, or veterinarians. If an appointment is missed without 24-hour notice, a missed appointment fee may be charged.

Printed Name of Owner: _____

Address: _____

Email: _____

Phone: _____ Alt. Phone: _____

Credit Card to Be Put on File: (Optional)

Name on Card: _____

Credit Card Number: (Visa, Mastercard, Amex): _____

Expiration Date: _____ CVV: _____

Billing Address for Credit Card: _____

Signature of Card Holder: _____ Date: _____