

SHIPPING INFORMATION FORM

Name of Stallion: _____

Name of Mare: _____ Registration #: _____

Mare owner name: _____

Billing address: _____

E-mail address: _____

Mare owner phone#: _____ Cell#: _____

Person Receiving Semen Shipment: _____

Shipping Address: _____

No PO Box #'s _____

Phone #: _____ FAX: _____

Approximate Ship Date: _____ Due Date if in foal: _____ NEAREST AIRPORT: _____

Unless otherwise specified, Federal Express overnight delivery will be used to deliver semen shipments. If you have your own Fed-Exp account and wish to be billed directly, fill in the following information. Federal Express account #: _____

WE COLLECT M, W, F, PLEASE CALL BY 4:00 P.M. THE DAY BEFORE TO ORDER SEMEN, YOU MAY CANCEL BY 10:00 A.M. DAY OF COLLECTION. ONE DOSE OF SEMEN WILL BE SHIPPED. THERE IS ENOUGH CELLS TO BREED ONE MARE. EXTRA DOSES MY BE SENT , BUT NOT GUARANTEED. **CREDIT CARD AUTHORIZATION FORM**

THIS IS TO VERIFY THAT I, _____ AUTHORIZE RICHLAND RANCH, INC AND AUBURN VETERINARY SERVICE TO PAY MY ACCOUNT WITH THE USE OF MY MASTER CARD/VISA, DISCOVER OR AMERICAN EXPRESS CREDIT CARD. RICHLAND RANCH, INC. OR AVS HAS NOT STAMPED MY CARD BUT WILL KEEP THIS LETTER AND SIGNATURE ON FILE TO VERIFY AUTHORIZATION. RICHLAND RANCH, INC WILL CHARGE MY STATEMENT UPON EXECUTION OF THIS AUTHORIZATION. 4% CREDIT CARD USAGE FEE WILL APPLY. _____

CREDIT CARD TYPE: CIRCLE: VISA, MC, DISCOVER OR AMERICAN EXPRESS _____

CREDIT CARD #: _____ EXP: _____ SEC: _____

NAME ON CARD: _____ SIGNATURE: _____

Billing Address: _____

City: _____ State: _____ Zip _____