Shipped Semen Information

(No shipment reservation by E-mail please)

lient Name:				
Address:		City/State:	Zip:	
Phone:	Fax:	E-Mail:		
Mares Name:	Registration:			
Registered Own	er's Name:			
	(If different than	clients name above)		
Breeding Stallions Na	me:			
Veterinarian's Name:		Address:		
Pho	ne:	Fax:		
<u>P</u>	rior to shipment: Please conta	ct Dewey Smith at (682)597-24	<u>24</u>	
Please he sure	to return two conies of	contract and a copy of the	mare's naners.	
	-	-		
STUD FEE AN	ID ALL OTHER FEES MST	BE PAID PRIOR TO THE FIR	<u>ST SHIPMENT</u>	
address has Saturday De	elivery as most locations do not. I n alternate address you would lik	1-800-238-5355 or 1-800-463-3339 f your receiving address does not, e to use. Please note that Saturday s, not FedEx Ground.	please locate the nearest	
Shipping Information:		Saturday Delivery Address:		
Physical Address:		Name:		
City: Sta	te:Zip:	Address:		
Billing Address:		City/State:	Zip:	
City: Sta	te:Zip:	Phone#:		
Payment Information: All payme	ents may be made by check, Visa	Is this a hold address?	Yes No	
Mastercard, or American Express and all funds must be in US dollars.		Cardholder's Name:		
If paying by check, leave credit card information blank. There will 3%		Card Number:		
fee added for using a credit card. Cash will only be accepted if picking		Card Exp. Date:/	Card Exp. Date:/Security code:	
up semen at the farm. Email must be filled in if paying by Credit Card.		Cardholders Billing addre	Cardholders Billing address:	
NO DEBIT CARDS		City/ State:	Zip:	
Check: (Check Amount \$	Check#	Signature of Cardholder:		
Credit Card: V	ЛС AMFX			