

685 KNOX BRIDGE TRAIL
CANTON GA 30114
770-974-3444
ICSBATLANTA@ATT.NET

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Atlanta Canine Reproduction to charge my credit card for services. The description of the services is:

(i.e.: annual storage, semen shipment, supplies, freight charges, etc.)

These charges are not to exceed _____ without my express permission.

I understand in the case of shipping charges for semen or supplies, the shipping charges are an estimate and may be more or less depending on FedEx's current fees.

I agree that the funds will be available and if the card is declined, there will be additional service charges.

Cards accepted are Visa, Mastercard, American Express, Discover and debit cards.

Date: _____ Client Name or Stud Owner: _____

Billing Address: _____

Phone: _____ Email: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Please fax this form to : 678-493-0935 or scan and email to: office@atlantacaninereproduction.com