



INTERNATIONAL ANIMAL SEMEN BANK, INC.
 dba INTERNATIONAL CANINE SEMEN BANK® and ICSB®
 430 W Arlington St., Gladstone, OR 97027 | P.O Box 123, Gladstone OR 97027
 Phone: (503) 663-7031 | Fax: (503) 676-8025
 Email: ik9sb@aol.com | Website: www.ik9sb.com | www.icsb.com

Repeat Authorization Form

Please read, complete, sign and date at the **BOTTOM** of this form.

Date: _____

You certify and represent, by your signature below, that the dog you are presenting today is already on file with ICSB and that the information listed on this form is complete and accurate to the best of your knowledge. Any discrepancies in the information provided are the responsibility of the signatory. You understand and agree that this agreement incorporates by reference all of the terms and conditions to which you have previously agreed in a signed writing with ICSB for the following dog. This agreement does not amend, supersede, or replace any signed agreement that you have with ICSB for the following dog. You hereby authorize ICSB to collect, freeze, and store semen of the following dog:

Full Registered Name Of Dog: _____

Call Name for This Dog: _____

Registry: _____ **Registration Number:** _____ **DNA Number:** _____

Breed: _____

Age: _____ **Proven?:** Yes No **Is this dog part of a breeding program:** Yes No

Reason for semen collection and storage: Professional/Commercial Breeder Personal/Family

Printed Names of ALL Owner(s): _____

Phone Number: _____ **Alt. Phone Number:** _____

E-mail Address: _____

By your signature below, you authorize ICSB to perform services for you at your own risk. You agree to all the terms and conditions in this agreement preceding your signature below. You agree for ICSB to charge the fee for services to your provided payment method below. You understand that other charges may be applied at a later date, if additional services are necessary and ICSB may or may not notify you of these additional charges prior to charging you. You further state that ICSB has offered to provide an estimate of these charges to you and you agree to any fees ICSB charges without informing you. If you initiate a chargeback, or a check is bounced, you understand you will be charged additional fees. If ICSB has to prove in any way that you authorized the use of your provided payment method below, you will incur additional fees from ICSB any time they are required to prepare a response to your chargeback. You also agree that any person you allow to access your frozen semen at ICSB, or any person that pays fees billed to your account at ICSB will be guaranteed by you. Any person you ask ICSB to bill on your behalf will be informed by you of fees or charges made by ICSB. If the person reverses any charge at ICSB, you will be held liable for reimbursement to ICSB immediately. It is your responsibility to ensure ICSB is paid for all services performed by or charged through ICSB to your account at ICSB.

X

SIGNATURE and DATE OF SIGNATURE for Owner(s): _____

Signature of Cardholder: _____ Date: _____

Cardholder Name Print: _____ CCV#: _____ Zip Code: _____

Credit Card Number: _____ - _____ - _____ - _____ Exp Date: _____/_____/_____