



BIO GENETICS CORPORATION

FDA Registered <> Licensed by New York State Department of Health <> Licensed by New Jersey State Department of Health (CLIA)

187 Mill Lane <> Mountainside, New Jersey 07092 <> 908-654-8836 <> 800-637-7776 <> Fax 908-232-2114

CREDIT CARD AUTHORIZATION

Please print all required information

I, _____ hereby authorize BioGenetics Corp. to charge my credit card
First name Last name

Name of Cardholder (Print exactly as it appears on credit card): _____

If Company Card (Name of Company as it appears on credit card): _____

Credit Card Number _____ credit card exp. date (MM/YY): _____

Security Code (3 DIGITS FOR MASTERCARD/VISA OR 4 DIGITS FOR AMERICAN EXPRESS): _____

Complete Billing address of Cardholder (as it appears on credit card statement):

Phone number of cardholder:

Day time _____ Evening: _____ Cell Phone #: _____

Description of services provided		CHARGES
	Donor Number ____ Number Vials ____ Cost per vial	\$ _____
	Transportation/Delivery Fee _____	\$ _____
	Administrative Fee	\$ _____
	Estimated TOTAL*	\$ _____

*Client further agrees and understands that additional billing charges could be incurred above and beyond the provided estimate. These charges may be linked to one or any of the following: extra rental days (if needed to extend time specimens held at Physicians office or Medical Facility), damage and/or loss of equipment, additional time required for the purposes of coordinating services, custom fees and surcharges.

There are no refunds or credits for unused frozen semen specimen vial(s).

(Signature of CARDHOLDER)

Date: _____

You must return this form along with the "Phone Confirmation" associated with your Donor Vial order to BioGenetics Corporation 187 Mill Lane, Mountainside, New Jersey 07092. A copy of the paid receipt will be mailed to you.