



# BIOGENETICS CORPORATION®

FDA Registered <> Licensed by New York State Department of Health <> Licensed by California <> 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/PAYMENT AUTHORIZATION

Please print all required information

I, \_\_\_\_\_ hereby authorize BioGenetics Corp. to charge my credit card

**Name of Cardholder**

VISA    MASTERCARD    AMEX

Credit Card Number \_\_\_\_\_

Credit Card exp. date: \_\_\_\_\_  
(MM/YY)

Security Code: \_\_\_\_\_  
(3 DIGITS FOR MC & VISA)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day time: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### Description of services provided

### CHARGES

<b>ALL CHARGES MUST BE PAID IN ADVANCE</b>	Donor Number: <input type="text"/>	\$
	Number of Vials: <input type="text"/>	
	Delivery Fee:	\$
	Same Day Delivery Fee:	\$
	<b>Estimated TOTAL*</b>	\$

\*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).

\_\_\_\_\_ **Date:** \_\_\_\_\_

**(Signature of CARDHOLDER)**

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.