



Select Breeders Service, Inc.

Phone (410) 885-3202 Fax (410) 885-3206

info@selectbreeders.com

- | | |
|--|---|
| <input type="checkbox"/> Total: _____ | <input type="checkbox"/> Rush Fee \$88 (DB537) |
| <input type="checkbox"/> PON Dist. \$410 (DB521) | <input type="checkbox"/> Add. Stallions \$46 (DB529) |
| <input type="checkbox"/> PON Sat. Delivery \$425 (DB522) | <input type="checkbox"/> Add. Mare Owner \$46 (DB552) |
| <input type="checkbox"/> 2-day delivery \$380 (DB520) | <input type="checkbox"/> Additional doses 21-100 \$52 (DB530) |
| <input type="checkbox"/> Canadian \$680 (DB523/DB525) | <input type="checkbox"/> Client pick up \$155 (DB533) |
| | <input type="checkbox"/> Other: _____ |

FROZEN SEMEN SHIPMENT REQUEST FORM

Requests received by 1pm EST will be shipped the same day.

Requests received after 1pm to ship the same day will incur a \$88 Rush Fee and will only be accommodated when possible.

FOR OFFICE USE ONLY

- | | | | |
|--|----------------------------------|------------------------------|---------------------------|
| <input type="checkbox"/> CC Processed | Amt. Charged: _____ | Date Charged: _____ | Authorization Code: _____ |
| Date & Time Call Received: _____ | | Call Received By: _____ | Name of Caller: _____ |
| FedEx TRK # Out: _____ | | FedEx TRK # In: _____ | Tank #: _____ |
| <input type="checkbox"/> E-mail Confirmation | <input type="checkbox"/> Website | Stallion Owner E-mail: _____ | |

Mare Owner: _____

Phone: _____

E-mail
Address: _____

**IMPORTANT: YOUR E-MAIL ADDRESS WILL BE USED TO
SEND A FEDEX TRACKING NUMBER FOR MANAGING YOUR
SHIPMENT.**

Stallion: _____

Stallion Owner: _____

Ship To: _____

Address: _____

(No
P.O. Boxes)

Phone #: _____

Email: _____

Anticipated Shipping Date: _____

Priority Overnight (\$410) ☐

2-Day (\$380) ☐

IMPORTANT: DIRECT SIGNATURE WILL BE REQUIRED UPON FEDEX DELIVERY

**PLEASE NOTE: DISTRIBUTION CHARGES WILL BE APPLIED TO YOUR CREDIT CARD PRIOR
TO THE SHIPMENT LEAVING SBS. WE MUST HAVE A VALID CREDIT CARD TO SHIP ON THE
DAY YOU REQUEST.**

Credit Card VISA ☐ MC ☐

Name on Card _____

Credit Card No. _____

Security Code: _____

Expiration Date: _____

Billing address same as shipping: ☐

Billing
Address: _____
