

Company Name:		Date:
Contact Person:		Address:
Phone:		City, ST, Zip :
Fax:		
Email:		No. of samples enclosed:
Notes:		

The created material is the individual animal GeneSTAR® Quality Grade and GeneSTAR®  
Tenderness genotypes and the created material owner is given by the owner details.

Please sign below to confirm your acceptance of the attached terms and conditions.

Owner of test results: \_\_\_\_\_

Signature: \_\_\_\_\_ Name/Company: \_\_\_\_\_

I hereby authorize the release of these results to the American Pinzgauer Association,  
\_\_\_\_\_, which I am a member in good standing. \_\_\_\_\_ (Initial Here)

Testing Costs	#	\$	Total
DNA Parentage		\$ 45	
DNA Parentage, Quality Grade and Tenderness		\$ 50	

**Total Amount Due, Payable to Bovigen, LLC** \_\_\_\_\_

Job #	_____
Lab #	_____
Rcvd	_____
Chk #	_____
Amt \$	_____

<i>(Indicate payment method)</i>
<input type="checkbox"/> I have enclosed a check.
<input type="checkbox"/> Credit Card information is already on file at Bovigen.
<input type="checkbox"/> Bill my Credit Card (Please complete CC form on reverse side.)

# BOVIGEN PRICING GUIDE

Effective February 15<sup>th</sup>, 2007

## **Credit Card Authorization Form**

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_  Visa  MasterCard

\_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Card Number \_\_\_\_\_ CVV2 \_\_\_\_\_

Signature \_\_\_\_\_

I authorize Bovigen, LLC to charge my credit card for:

This order and all future orders until further notice.

*All information must be complete in order to bill to a credit card.*