

**PERSONAL INFORMATION**

**Client Name:** \_\_\_\_\_  
First Middle Last

(The term "Client" solely refers to the female recipient of the semen specimens as indicated on the A1 form.)

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Last four (4) digits of Social Security Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

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

Mother's Maiden Name: \_\_\_\_\_

Please Check One:  Married  Single  Partner (This information is for CCB purposes only and is kept completely confidential.)

Spouse/Partner's Name: \_\_\_\_\_ Spouse or Partner's Telephone (Optional): \_\_\_\_\_

How did you hear about us?  Friends/Family  Physician  Support Group  
 Message Boards  Magazine Ad  News Story  
 Internet Search Engine  Other Internet Source  Other: \_\_\_\_\_

**FINANCIAL INFORMATION AND PAYMENT TERMS**

Credit Card Number: \_\_\_\_\_  American Express  Discover  Mastercard  Visa

Expiration Date (mm/dd/yyyy): \_\_\_\_\_

I authorize California Cryobank to charge my credit card for any products/services purchased by the above named Client.

Name as it appears on the credit card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Payment is required in full at the time an order is placed. Credit card transactions must be authorized by the cardholder, and you acknowledge that Credit Cards are not transferrable according to the rules of the issuing financial institution. To pay by check, the check must be received at least one week prior to placing the order. For pick-up orders, advanced payment is required.

I, the undersigned, have read the above statement and accept full financial responsibility for all charges incurred by me, or my dependents, for services rendered by California Cryobank.

Print Client's Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Document must be faxed or mailed to:

*Please keep a copy for your records*

Fax: (866) 625-7336 (US and Canada) (310) 826-1605 (International)

CALIFORNIA CRYOBANK, Attn: New Accounts, 11915 La Grange Avenue, Los Angeles, CA 90025