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BOOKING FORM – STALLION SERVICE TRANSPORTED SEMEN

Person accepting liability for Account Name: Residential Address: Suburb: State: Postcode: P O Box: Suburb: State: Postcode: **Email Address:** Telephone: **MARE DETAILS** MARE: Freezebrand: STALLION: Service Fee: SEMEN TRANSPORT Place of Inseminaton: (Stud/Vet) Address: Contact: Telephone: In Foal: YES: Stallion..... NO: Last Date of Service ALL SERVICE FEES WILL BE INVOICED ON 42 DAY POSITIVE TEST INVOICES ARE DUE AND PAYABLE 30 DAYS FROM DATE OF INVOICE -ALL TRANSPORTED SEMEN WILL INCUR A FREIGHT COST The signature that appears below will be deemed responsible for all costs associated with this Booking. Any discounts given will be revoked and the FULL SERVICE FEE will be applied for any Account not paid by 30 days from the date of Invoice (unless by prior arrangement). I/We accept the Terms and Conditions as set out above and in the overleaf attached. (Both pages must be signed and returned to Wingate Farm). Name: Signature:

Received and confirmed by Wingate Farm: