NWCRYOBANK™

PERSONAL AND FINANCIAL INFORMATION FORM

A2

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: ______________________

E-mail Address: ____

Mother's Maiden Name: ____

Please Check One: ☐ Married ☐ Single ☐ Partner (This information is for NWC 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 Northwest 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.

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 Northwest Cryobank.

Print Client's Name: ____

Client Signature: ______________________________ Date: ____________________

Document must be faxed, e-mailed, or mailed to:
Fax: (509) 232-0145 **(US and Canada)**
NORTHWEST CRYOBANK, 508 W. 6th Ave, Ste 801, Spokane, WA 99204

Please keep a copy for your records
E-mail: info@nwcryobank.com

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