AUTHORIZATION TO RELEASE

Order Submission: Please submit the completed form and shipping instructions to: **beef@urus.org**

** Mandatory fields must be completed in full; incomplete submissions will not be processed. **

Date: _____ **Taken By:** _____

Owner/Seller Information	
Account Name*	
Account #*	
Released by*	
Phone #*	
Email*	

Release To/Buyer Information	
Name*	
Account #	
Email*	
Phone #*	
Address	

Invoice Charges To*: ☐ **Owner** ☐ **Release to** ☐ **Other** (specify) _____

Quantity*	Bull Code	Bull's Full Name*	Qualification*	Value/Dose (CAD)

PAYMENT OPTIONS

- **Online bill payment:** Add Alta Genetics Inc. as a payee through most Canadian banks and use your account number as the payment reference.
- **Pre-Authorized Credit Card Payments:** To set up automatic monthly invoice payments, a credit card authorization form can be provided upon request.
- **One-time credit card payment:** Credit card information can be provided over the phone for one-time invoice processing.

  *****A 2.4% service fee applies to all credit card transactions starting January 1, 2025. *****
- **Cheque payments:** Mail cheques to 1-263090 RGE RD 11, Rocky View County, AB T4B 2T3
- **EFT Payments:** EFT payment information can be provided upon request.

URUS OFFICE USE ONLY			
SO #		**Freight**	
ST #		**Handling**	
SF #		**CFIA** (Health Certificate)	
Export	☐ **Yes** ☐ **No**	**Brokerage**	
Insurance	☐ **Yes** ☐ **No**	**Transit Insurance**	
Paid	☐ **Yes** ☐ **No**	**Import Permit**	
Acct Balance		**Total** (before tax)	

Requested Ship Date: _____ **Account:** _____

Ship To: _____

Address: _____

_____

Notes/ Special Instructions