CALIFORNIA cryobank

11915 La Grange Avenue
Los Angeles, CA 90025

SPECIMEN STORAGE RENEWAL/DISCONTINUATION FORM

Date: ____/____/____

ACCOUNT #: _____

Name: _____ Address: _____

_____

Phone Number: _____

E-mail: _____

Payment Due By: _____

Contract Expiration Date: _____

I will continue my storage agreement for a period of:

☐ **6 months ($285)** ☐ **1 year ($485)** ☐ **3 years ($1085)** ☐ **5 years ($1685)**

Payment options:

- Please charge my credit card: ☐ Visa ☐ MasterCard ☐ Discover ☐ Amex

Card Number: _____ Expiration Date: _____ CVV Code: _____

- Enclosed is my check for: $_____

Please sign:

_____ ____/____/____

Client's Signature **Date**

OR

I wish to close my account:

☐ **RELEASE STATEMENT: I no longer wish to store my specimens at California Cryobank and I hereby instruct California Cryobank to close my account.**

Please sign to endorse the discontinuation of this account

_____ ____/____/____

Client's Signature **Date**

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