

**CAN-AM CRYOSERVICES STORAGE BILLING AGREEMENT**

Please provide the requested contact and billing information below and review the options available for short- or long-term storage of your donor or Client Human Reproductive Material (HRM) and/or Embryos.

*Thank you for choosing CAN-AM Cryoservices as your provider for state-of-the-art and secure cryostorage.*

**CLIENT DEPOSITOR INFORMATION**

\_\_\_\_\_  
*Client Depositor Name (LAST, First, Initial)*

**PERSON RESPONSIBLE FOR PAYMENT (if different from above)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initials: \_\_\_\_\_

\_\_\_\_\_  
*Street No & Name City Prov. Postal Code*

Telephone: Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

**To receive Invoices electronically, please provide your email:** \_\_\_\_\_

**Please select a billing option for storage:**

**Standard Storage Fees**

- Automatic monthly charge<sup>2</sup>: \$ **30**
- Pre-paid 1 year term: \$ **306** *Savings of 15%*
- Pre-paid 3 year term: \$ **810** *Savings of 25%*
- Pre-paid 5 year term: \$ **1170** *Savings of 35%*

**Quarantine Storage<sup>1</sup> Fees**

- Automatic monthly charge<sup>2</sup>: \$ **60**
- Pre-paid 1 year term: \$ **612**
- Pre-paid 3 year term: \$ **1620**
- Pre-paid 5 year term: \$ **2340**

**Fees applicable only to patients using the PreServe Sperm Transport Kit**

**Kit and Processing Fees**

- preServe Sperm Transport Kit: \$ **75**
- Semen Processing (including sperm assessment, wash and freeze\*): \$ **300**
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**Priority Overnight Shipping Fees**

- Ontario \$ **75**
- Quebec \$ **90**
- Rest of Canada<sup>†</sup> \$ **145**

*\*Processing charges will be waived for first-time Client Depositors under the age of 18.*

*†Applicable only to areas serviced by FedEx's Priority Overnight Shipping Services.*

<sup>1</sup> Fees are applicable only to Client Depositor Accounts with incomplete testing or paperwork, or reactive/indeterminate test results for separate, quarantined tank storage.

<sup>2</sup> Monthly charges are billed to the provided credit card account on the 1<sup>st</sup> of each month.

**Payment Method**

**Debit** (in person only)      **e-Transfer**     *Note: Call 1-888-245-3471 with e-Transfer code*

**Bank Draft or Money Order**     *Draft/Order Number:* \_\_\_\_\_

*I authorize CAN-AM Cryoservices Corp. to bill the applicable one-time and/or ongoing fees to the following credit card:*

**VISA**     **Card Number:** \_\_\_\_\_     **Expiry:** \_\_\_\_\_

**MasterCard**     \_\_\_\_\_

\_\_\_\_\_  
*Cardholder's Name (as it appears on the card)*

\_\_\_\_\_  
*Cardholder's Signature*

In relation to this addendum of the Handling, Use and Storage Agreement entered into by and between CAN-AM Cryoservices Corp. ("CAN-AM Cryoservices") and the individual(s) below ("Client/Storage Depositor(s)"), at Hamilton, Ontario, Canada it is hereby agreed as follows:

\_\_\_\_\_  
***Storage/Client Depositor (LAST NAME, First Name, Initials)***

1. Client/Storage Depositor(s) is/are ultimately responsible for all applicable charges for the handling, processing, storage, disposal or use of Depositor's donor/Client Human Reproductive Material (HRM) or Embryo(s) submitted to CAN-AM Cryoservices for storage, which may include but is not limited to the shipping, transfer, assessment, review, analysis, preparation, freezing, testing, destruction, import and export of donor/Client HRM or Embryos.
2. Client/Storage Depositor(s) selecting storage fee payment by Automatic Monthly Charge agree(s) to the automatic billing of the credit card number provided on a continuing monthly basis until CAN-AM Cryoservices has received written notice of termination of storage or modification of this Billing Agreement between Client/Storage Depositor(s) or another authorized individual and CAN-AM Cryoservices. Storage fees are subject to change without prior notice.
3. Client/Storage Depositor(s) selecting Prepaid Storage terms of one (1), two (2) or five (5) years agree(s) to provide the full amount at the initiation of the storage period using one of the following acceptable means of payment: cash, debited from the account attached to the cheque or e-Transfer provided, or billed to the credit card number provided.
4. Client/Storage Depositor(s) will be entitled to a partial, pro-rated refund of Prepaid Storage fee if termination of storage occurs before the end of the term, less any outstanding fees applying to Client/Storage Depositor'(s) storage account.
5. Termination of Storage services is subject to the conditions outlined in the Handling, Use and Storage Agreement.

\_\_\_\_\_  
*Client Depositor Name (LAST, First, Initial)*



\_\_\_\_\_  
*Signature of Client Depositor*

**DATE (YY/MM/DD):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
*Name of Parent/Guardian (Client Depositor less than 18 years of age)*

\_\_\_\_\_  
*Signature of Parent/Guardian*