

# Great Lakes Sire Service Inc.

723 Himebaugh Rd  
Bronson, MI 49028  
(269)489-5658 fax (269) 489-9888 phone  
[glssmi@yahoo.com](mailto:glssmi@yahoo.com)

Date \_\_\_\_\_

**Check one** { \* see below for details }

Ship to: \_\_\_\_\_

Transfer to: \_\_\_\_\_

**Semen to:**

Name \_\_\_\_\_  
(please print)

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

**\*must be complete to be effective\***

**Bill charges to:**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

**\*Pre-Payments required for non existing customers\***  
**Seller ASKS buyer about insurance; GLSS doesn't ask**

***\*Transfer means that semen will be put into storage at GLSS of person selected; it will NOT BE SHIPPED***

***\*Ship To means you want semen shipped to person selected; insurance available at \$.15/\$1 written value of semen***

Do you want semen insured for this shipment? Yes or No (if nothing circled, we assume **NO** insurance)

Semen Value of shipment \_\_\_\_\_ x \$.15 = \_\_\_\_\_ + GLSS shipping cost = Total cost of shipment

| # straws | Sire name |
|----------|-----------|
|          |           |
|          |           |
|          |           |
|          |           |
|          |           |

\_\_\_\_\_  
**Owner Signature (Required)**

\_\_\_\_\_  
**Owner (printed)**

**Ship via:** UPS Ground      Overnight      2 day select      Other

Office use only

Date received:

Date transaction completed:

By: