

American Bucking Bull, Inc.

101 W. Riverwalk, Pueblo, CO 81003

**Phone:** 719-242-2747 **Fax:** 719-242-2746

[**www.americanbuckingbull.com**](http://www.americanbuckingbull.com)

**EID Tag Order**

**Request form for bulls registered in birth year.**

**To be used if the EID tag was not ordered at time of birth-year registration. If the bull was not registered in his birth year, this form cannot be used and the bull must be taken to an ABBI-certified veterinarian for age verification.**

**A tail hair sample is required at the time the EID tag order request is submitted.**

**Member Name:** \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  **Member #:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Shipping Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**USDA Premise ID:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State:** **ZIP/Postal Code:** \_\_\_\_\_\_\_ **Country:** \_\_\_\_\_\_\_\_

**Contact Phone:** \_\_\_\_\_\_\_­­­­­­­­­­­­ **E-mail:** ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please complete all information for each bull you are requesting a tag for.

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| --- | --- | --- | --- | --- |
| **Bull’s ABBI Registration Number** | **Registered Herd #** | **Bull Name** | **Office Use Only DNA Rcvd** | **Office Use Only New EID Tag #** |
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**\_\_\_\_\_\_\_ Tags Requested X $100.00 per tag = $**

**Add US Shipping: $6.15**

**Add Canada Shipping: $12.50**

**Payment must be received at time of the request. US Funds ONLY.**

**Master Card, Visa, American Express, Discover, Cashier’s Check, Check, or Money Order accepted.**

Remit forms and payments to: **ABBI, 101 W. Riverwalk, Pueblo, CO 81003**

**Fax 719-242-2746. If faxing, please call 719-242-2747 to verify receipt of the fax.**

*Authorized signature for the credit card list below*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name on Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: (VISA/MC/AMEXP/Discover)*

*Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_ State/Province \_\_\_\_\_\_\_ Country\_\_\_\_\_\_*

*Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Exp. Date: \_\_\_\_\_\_\_\_\_\_\_CSV \_\_\_\_\_\_\_\_\_\_\_ (back of card) Billing ZIP/POSTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*