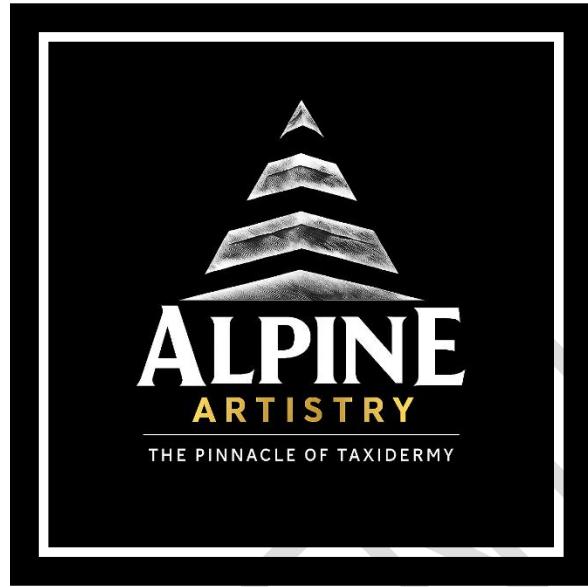


Alpine Artistry LLC – Taxidermy Intake & Authorization Form



Client Information

- Full Name: _____
- Phone Number: _____
- Email Address: _____
- Physical Address: _____

Specimen Information

- Species: _____
- Harvest Date: _____
- Harvest Location (State/Country): _____
- Type of Mount Requested: _____
- Special Instructions: _____

Payment Information

- Estimated Total Cost: \$ _____
- 50% Deposit Amount Due: \$ _____
- Payment Method: Cash Check Credit Card

Credit Card Authorization (If Applicable)

I authorize Alpine Artistry LLC to charge the credit card on file for balances due, storage fees, collection costs, and unpaid amounts in accordance with the signed Service Agreement.

Client Initials: _____

Client Signature: _____

Date: _____

CONFIDENTIAL