Print Farm Name or Prefix / Client ID _____

Payment Options

❒ VISA ❒ MasterCard

Card Holder Name _____

Card # | | | | | | | | | | | | | | | |

Expiry date _____/_____

Signature _____

❒ Cheque or money order enclosed (made payable to NLID)

❒ bill to my existing Holstein Canada account

Credit Application

(not required if payment received with tag order)

❒ Please open a new account for me (sign below)

I understand and hereby certify the information to be true, and authorize the Holstein Association of Canada or its agent to make the necessary inquiry from any source to check my credit.

Name _____

Signature _____

Order dairy tags by mail, fax, or internet. For additional information, contact NLID.

Toll Free: 1-877-771-6543 Fax: 1-519-756-3502 Mail: P.O.Box 2065, Brantford, ON, N3T 5W5 www.nlid.org