

Lease Authorization



American Paint Horse Association

P.O. Box 961023 • Fort Worth, Texas 76161
(817) 834-APHA (2742) • Fax (817) 834-3152
www.apha.com • askapha@apha.com

Leasing Your Horse

- ◆ Alterations or added conditions may make this form unacceptable, and verification may be required.
- ◆ If a signature authorization has not been filed with APHA for a ranch, partnership or corporation, one must be submitted. Forms are available from the APHA office.
- ◆ If this lease is to be terminated prior to the ending date listed, written notification must be received by APHA giving new termination date and signed by both lessor and lessee.
- ◆ No transfer may be completed until this lease is expired or terminated.
- ◆ Lessee will receive a certificate from APHA as validation upon completion of lease authorization.

Membership

- ◆ If you do not have a current membership with the Association and wish to take advantage of member rates, you may purchase a membership at this time. Membership rates will then apply to this transaction and any others post-marked during the membership period. Memberships will consist of a 12-month period beginning in the same month as the request for membership is postmarked. Multiple year memberships are available.
- ◆ For more information, call (817) 834-APHA or email askapha.com.
- ◆ Fees subject to change without notice.

Registered Name of Horse: _____

Registration Number: _____

Leased from (Owner of Record): _____

Owner of Record's ID Number: _____

Leased to (Lessee): _____

Lessee's ID Number: _____

Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone Number: _____

Email: _____

For the Period of Time Beginning (Month, Day and Year): _____

And Ending (Month, Day and Year): _____

The Lessee is authorized to sign all documents pertaining to this horse under the rules of the American Paint Horse Association during this period. At the expiration of this lease, the lessor's authority will be terminated.

Signature of Recorded Owner
or Authorized Agent: X

Signature of Lessee
or Authorized Agent: X

Checklist

	Member
<input type="checkbox"/> Lease Filing Fee	\$15

Membership Levels

- One-year—\$35 Three-year—\$75
 Five-year—\$125 Lifetime—\$400

Total Amount Due

Stallion Listing Fee: \$ _____

Membership Dues: \$ _____

TOTAL \$ _____

- Check or money order enclosed.

Do not send cash.

Check Processing Policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically.

- MasterCard Visa

If paying by credit card, please complete the following.

Card No.: _____

Exp. date: _____

Name of Cardholder: _____

APHA ID No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

Signature: _____