

NO STAPLES PLEASE



ARABIAN HORSE ASSOCIATION<sup>SM</sup>

10805 East Bethany Drive | Phone 303-696-4500
Aurora, Colorado 80014 | Fax 303-696-4599
www.ArabianHorses.org | info@ArabianHorses.org



Deferred Billing Agreement
For use in conjunction with official Sweepstakes Entry forms only

Please print clearly.

PLEASE READ ENTIRE FORM CAREFULLY BEFORE FILLING OUT

- 1. Must be a current member in good standing with AHA. Attach all completed Entry forms. Enclose 1st payment and \$100 late fee per entry if applicable. For all Sweepstakes entries (except Breeding Entries) the horse must be registered and the Deferred Billing Agreement must be completed and signed by the current recorded owners.
2. Futurity entries are not deferrable. Please do not include Futurities on this form.
3. Payment Options (all payments will be set up for quarterly payments, billed on the 15th of the month)

Entry Totals (Not including Admin. Fee)
Up to \$2,500
\$2,501 and up

Term Options
4 payments
Choice of 4 or 8 payments

Please state # of Payments requested based on total dollar amount of all entries
IF TERMS ARE NOT SELECTED "4 PAYMENTS" WILL BE ASSIGNED

- 4. Refer to Chapter 16 and the Fee Schedule in the AHA Handbook for complete information and requirements for the Arabian Breeders Sweepstakes Program. If payment is not made in accordance with terms of this Deferral Agreement, all payments made shall be forfeited and the entry dropped from the Sweepstakes Program.
5. THE ENTIRE BALANCE THAT HAS BEEN DEFERRED MUST BE PAID IN FULL BEFORE ANY DEAD FOAL CREDIT VOUCHERS WILL BE ISSUED. REFER TO CHAPTER 16 FOR FURTHER INFORMATION REGARDING DEAD FOAL CREDITS.

CALCULATION OF PAYMENTS

Total from all completed entry forms excluding any late fees \$ (A)
Admin Fee: 10% of total entries (Required) (A) X 10% \$ (B)
Subtotal (A) + (B) \$ (C)
Divide (C) by # of payments Selected in # 3. \$ (D)

TOTAL 1st PMT. DUE AT TIME OF ENTRY \$ + LATE FEES IF APPLICABLE

Remaining payments, as calculated in (D), will be billed on a quarterly basis with the first invoice being billed on the 15th of the month approximately 3 months from the date of receipt of entry. You will receive statements indicating amount due. If payment is not received within 60 days of billing date the entry will be dropped from the program and all monies paid will be forfeited. Hereby the applicant(s) is not entitled to submit another entry on a Deferred Billing Agreement for 5 (five) years.

In consideration of Arabian Breeders Sweepstakes accepting this Deferral Agreement, I hereby acknowledge that I have read, understand and agree to the terms set forth above. In making this application, I declare that I am a current AHA member, and I hereby subject myself to and agree to be bound by all the provisions of the Articles of Incorporation, Bylaws, Rules and Regulations of the Arabian Horse Association as they now exist or may periodically be amended of which I now have or will immediately acquire. (Please print clearly.)

AHA Membership # Name
Address E-Mail
City State/Prov. Zip/Postal
Home # Work # Fax #

If entry is owned by more than one person, both signatures are required.

Signature Date
Signature Date

For office use only
INVOICE # Entry ID #