



ARABIAN HORSE ASSOCIATIONSM

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AHA 210012 (4/20)

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

PLEASE READ ENTIRE FORM CAREFULLY BEFORE FILLING OUT

- 1. Must be a current member in good standing with AHA. Include all completed enrollment forms and 1st payment...
2. Halter Futurity enrollments are not deferrable. DO NOT include Halter 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 Administrative Fee)
Up to \$2,500
\$2,501 and up

Term Options
4 payments
Choice of 4 or 8 payments

Please state 4 or 8 payments based on total dollar amount of all entries
IF TERMS ARE NOT SELECTED "4 PAYMENTS" WILL BE ASSIGNED

- 4. If payment is not made in accordance with terms of this Deferred Agreement, all payments made will be forfeited...
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 18 of the AHA Handbook regarding complete rules regarding the Arabian Breeders Sweepstakes Program.

CALCULATION OF PAYMENTS

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

TOTAL OF 1st PAYEMENT DUE AT TIME OF ENTRY \$ PLUS LATE FEE(S) 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(ies) will be dropped from the program and all monies paid will be forfeited. Hereby the applicant(s) is not entitled to submit another Sweepstakes entry on a Deferred Billing Agreement for 5 (five) years.

In consideration of Arabian Breeders Sweepstakes accepting this Deferred 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/Cell# Work #

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

Signature Date
Signature Date

For office use only

First Payment Date: Next Payment Date:
INVOICE # Entry ID #