



**ARABIAN HORSE ASSOCIATION<sup>SM</sup>**

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AHA 2112 (10/17)

**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 1<sup>st</sup> 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 15<sup>th</sup> 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 15 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 Deferred 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 15 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 <b>(Required)</b>	(A) X 10%	\$ _____ (B)
Subtotal	(A) + (B)	\$ _____ (C)
Divide (C) by # of payments Selected in # 3.		\$ _____ (D)
<b>TOTAL 1<sup>st</sup> PMT. DUE AT TIME OF ENTRY</b>		<b>\$ _____ + LATE FEES IF APPLICABLE</b>

Remaining payments, as calculated in (D), will be billed on a quarterly basis with the first invoice being billed on the 15<sup>th</sup> 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 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 # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For office use only</b>	
First Payment Date: _____	Next Payment Date: _____
INVOICE # _____	Entry ID # _____