



6030 Greenwood Plaza Blvd  
Suite 100  
Greenwood Village, CO 80111

ArabianHorses.org  
info.comp@arabianhorses.org  
303.696.4500

AHA 120007 (Rev. 3/25)

## AHA MERCHANDISE ORDER FORM

### Instructions:

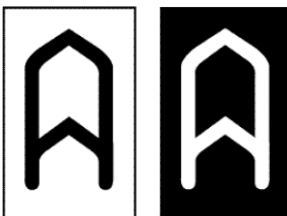
1. Complete all portions of this form and mail to: AHA, 6030 Greenwood Plaza Blvd, Ste 100, Greenwood Village, Colorado 80111. A check payable to AHA or credit card authorization for merchandise **MUST** be received with this form.
2. Please allow 2-3 weeks for delivery.
3. There are no refunds or returns.
4. **Please print clearly.**

### MERCHANDISE ORDER INFORMATION

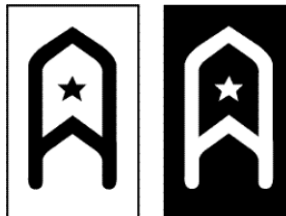
#### Please send me:

|  |                 |                 |
|--|-----------------|-----------------|
| _____ Black on White Purebred Arabian Dressage Saddle Pad Patch      | \$10.00         | \$ _____        |
| _____ Black on White Half-Arabian Dressage Saddle Pad Patch          | \$10.00         | \$ _____        |
| _____ Black on White Anglo-Arabian Dressage Saddle Pad Patch         | \$10.00         | \$ _____        |
| _____ White on Black Purebred Arabian Dressage Saddle Pad Patch      | \$10.00         | \$ _____        |
| _____ White on Black Half-Arabian Dressage Saddle Pad Patch          | \$10.00         | \$ _____        |
| _____ White on Black Anglo-Arabian Dressage Saddle Pad Patch         | \$10.00         | \$ _____        |
|  | <b>Subtotal</b> | <b>\$ _____</b> |
| Canadian residents add 7% GST Tax                                    |                 | \$ _____        |
| Walk-in customers or Colorado Residents add 3.5% Sales Tax           |                 | \$ _____        |
| Walk-in customers or Aurora, CO residents add 3.75% City Tax         |                 | \$ _____        |
| <b>Total payment enclosed</b> (Prices include shipping and handling) |                 | <b>\$ _____</b> |

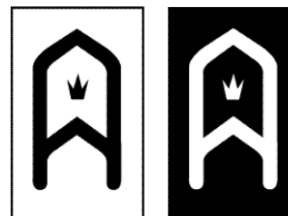
#### Arabian



#### Half-Arabian



#### Anglo-Arabian



3" x 4" Dressage Saddle Pad Patches for saddle blankets

### CUSTOMER INFORMATION

AHA Membership # \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

#### Method Of Payment (US Funds Only)

A fee of up to 3% may be assessed to cover the cost of acceptance for electronic payments. This fee is not applicable if the payment is by cash, check, money order or ACH.

☐ Check (Payable to AHA) Check # \_\_\_\_\_ ☐ ACH ☐ Credit Card Total Amount Due \$ \_\_\_\_\_

**ACH Information:** Account Type: ☐ Savings ☐ Checking Bank Routing #: \_\_\_\_\_ Bank Acct #: \_\_\_\_\_

**Credit Card#** \_\_\_\_\_ \$ \_\_\_\_\_

Print Name as it appears on CC Name: \_\_\_\_\_

Exp Date \_\_\_\_\_ CVV \_\_\_\_\_ Signature \_\_\_\_\_

Credit Card Billing Address (include zip) \_\_\_\_\_