

# Signature Authorization Form



American Buckinghorse Registry  
 PO Box 1769 · Stephenville, TX 76401  
 Physical Address: 262 PR 1219 · Stephenville, TX 76401  
 254-968-8850 · Fax (254) 965-8839

Office Use Only

Date recd.: \_\_\_\_\_ Date entered: \_\_\_\_\_  
 By: \_\_\_\_\_

**All participants in the authorizing party must sign this agreement.**

## Instructions

- ◆ Fill out this form in its entirety, including all required signatures.
- ◆ The horse owner, ranch, partnership or entity on record with ABR as the owner of the horse or horses will be considered the authorizing party.
- ◆ Changes of ownership, conditions or other modifications to this agreement require that a new form be filed.
- ◆ There are two sections the authorizing party

The Authorizing Party (ABR Member) is: \_\_\_\_\_ ABR ID NO.: \_\_\_\_\_  
 An  Individual or a  Partnership, or Corporation  
 If this Authorization is for a ranch, is the ranch an  Individual or a  Partnership or Corporation. If the ranch has not been filed as a corporation, check "Individual" (dba).  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Individuals

- ◆ If the authorizing party is an individual, sign and complete all information as Authorizing Party member 1

## Ranch, Partnerships or Entity Authorization.

- ◆ Print name and address of ALL partners, owners, or corporate officers
- ◆ Each authorizing party member must sign attesting they are in agreement that the individuals listed are authorized to sign on their behalf.
- ◆ If this form is not completed in its entirety, the Signature Authorization will not be considered complete and valid.
- ◆ Any alteration of this form invalidates it and will require a new form.
- ◆ Failure to list all such persons may subject the authorizing party to possible disciplinary action.
- ◆ If additional space is needed, use reverse side.

## Termination of Authorization

- ◆ This authorization will remain in effect until canceled in writing by all authorizing party members listed on this authorization form.
- ◆ Termination of authorization will take effect on the date received by the Registry office.
- ◆ Changes of ownership, agents, or other modifications, to this agreement require that a new authorization form be completed in its entirety.
- ◆ To remove an owner, the owner being removed must submit a written and signed notification to ABR acknowledging same.

**Authorizing Party Members (Owner or Partners)** Listing of an individual in this section will not constitute authorization unless also designated as such below.

1. Name: \_\_\_\_\_ ABR ID No.: \_\_\_\_\_  
 Signature: X \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ ABR ID No.: \_\_\_\_\_  
 Signature: X \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_ ABR ID No.: \_\_\_\_\_  
 Signature: X \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

If this authorization is to be limited to one specific horse, please indicate the name and registration number.

Registration Name: \_\_\_\_\_ Number: \_\_\_\_\_

If no horse has been indicated, it will be assumed that this authorization covers all horses owned in all or in part by the above entity or individual.

## Individuals Authorized to Sign for Authorizing Party

*Only the signatures listed in this section will be authorized to sign documents on behalf of the individual or entity listed above.*

Printed Name of Authorized Individual	Signature of Individual	Authorization is for all ABR Documents	Authorization is limited to: (check those that apply)						
			Registration Applications	Affidavits On behalf Of Owner	Stallion Breeding Reports	Transfers	Breeder's Certificates	Leases	Event Entry Forms
1.	X								
2.	X								
3.	X								
4.	X								
5.	X								

## Membership

- ◆ Membership must be held or purchased in the exact name as the authorizing party.
- ◆ Memberships begin in the same month authorization is processed.
- ◆ Fees subject to change without notice.
- ◆ An office fee will be charged on all registration work not processed to completion.

**Fees** **Member**  
 Signature Authorization Fee **\$10**  
 U.S. Funds Only

**Membership Levels**  
 Annual \$ 150     Lifetime \$ 1000

Signature Authorization Fee \$ \_\_\_\_\_  
 Membership Dues \$ \_\_\_\_\_  
**TOTAL \$ \_\_\_\_\_**

Check or money order enclosed. **Do not send cash.**  
 If you pay by check, your check may be converted into an electronic funds transfer.

## If paying by credit card, please complete the following:

Card No.: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Name of Cardholder: \_\_\_\_\_  
 ABR ID No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_