



6030 Greenwood Plaza Blvd
Suite 100
Greenwood Village, CO 80111

ArabianHorses.org
info.comp@arabianhorses.org
303.696.4500

AHA 120007 (Rev. 2/23)

AHA MERCHANDISE ORDER FORM

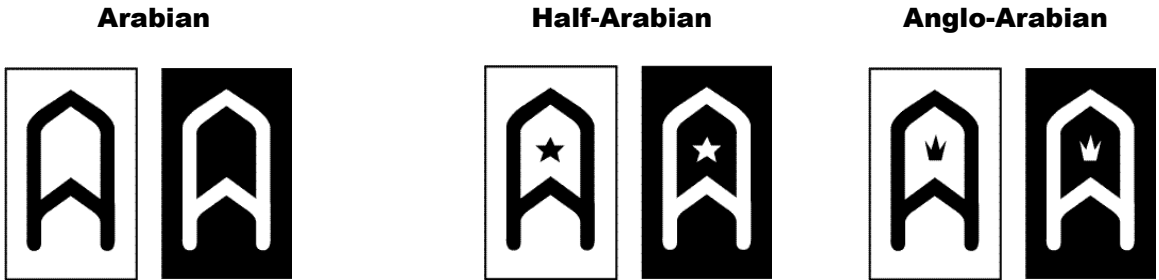
Instructions:

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	\$ _____
	Subtotal	\$ _____
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		\$ _____
Total payment enclosed (Prices include shipping and handling)		\$ _____



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 required 3% Convenience Fee (calculated by AHA) will be added for electronic payments. A Convenience Fee charge does not apply if the customer submits payment by cash, check or money order. <input type="checkbox"/> Check (Payable to AHA) Check # _____ <input type="checkbox"/> Credit Card Total Amount Due \$ _____		
Credit Card# _____		\$ _____
Print Name as it appears on CC _____		
Exp Date _____	CVV _____	Signature _____
Credit Card Billing Address (include zip) _____		