



# SIGNATURE AUTHORIZATION TERMINATION FORM

2720 Pullman Rd. Moscow, ID 83843 ♦ (208) 882-5578 ♦ <http://www.appaloosa.com> ♦  
registration@appaloosa.com

This form must be completed and submitted to the Appaloosa Horse Club before the ApHC can terminate an authorized person's signature.

Print Owner's Name or Ranch Name (only one individual's name or ranch name per form).

Address: \_\_\_\_\_

Email \_\_\_\_\_

phone: day (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ evening (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ barn (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

This authorization is to TERMINATE as of the date of: month: \_\_\_\_\_ day: \_\_\_\_\_ year: \_\_\_\_\_.

Person(s) to have signature terminated:

1. \_\_\_\_\_  
**Print name of Terminated Person**

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_

2. \_\_\_\_\_  
**Print name of Terminated Person**

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_

3. \_\_\_\_\_  
**Print name of Terminated Person**

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_

## Signature of Individual, Company or Ranch Owner

Signature: X \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_