Advance Bedding Order Form

October 25—November 2, 2024
Fort Worth, Texas

STALLED WITH: _____

NAME: _____ ApHC MEMBERSHIP # _____

ADDRESS _____ CITY _____ _____ ZIP _____

PHONE# _____ EMAIL _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____
(NOT BEFORE 7:00 AM OCT 25) (NO LATER THAN NOV 5)

PAYMENT INFORMATION: **PAYMENT MUST ACCOMPANY ORDER AND BE RECEIVED IN THE ApHC OFFICE NO LATER THAN OCTOBER 3, 2024.**

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS ☐ CHECK ENCLOSED

(A 3% CREDIT CARD SURCHARGE WILL BE ADDED TO ALL CREDIT CARD TRANSACTIONS)

CARD NUMBER: _____ EXP. DATE: _____/_____ CVV CODE: _____

CARDHOLDER'S NAME: _____ CARDHOLDER'S PHONE#: _____

CARDHOLDER'S SIGNATURE: _____

CARDHOLDER'S BILLING ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

WRMC SHAVINGS: *PRICES SUBJECT TO CHANGE*

			# of Bags		
Pine (3.5 ft.^{3}) (loose—small flake)	**$9.00**	x	_____	=	_____
Blended (5.0 ft.^{3} expanded) (compressed—medium flake)	**$13.00**	x	_____	=	_____
Pine (7.0 ft.^{3} expanded) (compressed—large flake)	**$13.00**	x	_____	=	_____

TOTAL ADDED PRICE OF ALL BAGS = _____

OF BAGS/STALL (*50 bag minimum*): _____

By signing below, I understand that I am fully responsible for the security of my shavings upon delivery to my stalls.

Signature of customer: _____

MAIL TO:
2720 W. Pullman Rd
Moscow, ID 83843
OR FAX TO:
(208) 882-8150
OR EMAIL TO:
showsecretary@appaloosa.com