



SIGNATURE AUTHORIZATION TERMINATION FORM

2720 W. Pullman Road, Moscow, ID 83843 ♦ (208) 882-5578 ♦ www.appaloosa.com ♦ registration@appaloosa.com

Authorizer's Name or Company Name or Ranch Name: _____

Mailing Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Day Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

E-mail Address: _____

The person(s):

1. Name: _____

Mailing Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Day Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

E-mail Address: _____

2. Name: _____

Mailing Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Day Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

E-mail Address: _____

On file with the ApHC for the individual, company or ranch name shown at the top of this form, is to be terminated effective:

(Month) _____ (Day) _____ (Year) _____

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: _____