

Signature Authorization Form

American Tobiano Overo Association

789 W M-113

Kingsley, MI 49649

(231)620-4042

Americantobianooveroassoc.com

Americantobianooveroassoc@gmail.com



ATOA Member is _____ ATOA ID _____

____ Individual OR ____ Entity (ranch, corporation, etc.)

If this Authorization is for a ranch, is the ranch an ____ Individual OR a ____ Partnership, or Corporation. If the ranch has not been fled as a corporation, check "Individual" (dba).

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PRINT NAMES AND ADDRESS OF ALL PARTNERS, OWNERS, OR CORPORATE OFFICERS.

1. Name: _____ ATOA # _____

Signature: _____ Date: _____

Address: _____

Phone: _____ Email: _____

2. Name: _____ ATOA # _____

Signature: _____ Date: _____

Address: _____

Phone: _____ Email: _____

3. Name: _____ ATOA# _____

Signature: _____ Date: _____

Address: _____

Phone: _____ Email: _____

This Authorization is binding for:

_____ All horses _____ One Specific Horse: _____ Reg# _____

Individuals Authorized to Sign for ATOA Member

Printed name of Authorized Individual

Signature of Authorized Ind.

1. _____	X _____
2. _____	X _____
3. _____	X _____

Check the box that apply and place number to identify member.

All Documents: _____ place x _____ number

Registration applications _____ place X _____ number

Affidavits on behalf of owner _____ place X _____ Number

Stallion Breeding report _____ place X _____ Number

Transfers _____ place X _____ Number

Breeders Certificate _____ place X _____ Number

Lease's _____ place X _____ Number

Fees

Members

Non-Members

Signature authorization Fee

\$25.00

\$35.00

Payment Method

☐ Check or Money Order enclosed (DO NOT SEND CASH) Makes check payable to: ATOA

Check Processing in the event that your check is returned unpaid for insufficient or uncollected funds. We may present your
Check electronically.

☐ Master Card ☐ Visa ☐ American Express

If paying by credit card, please complete the following

Card No#: _____ Exp Date: _____/_____/_____

CVV #: _____ Name of Cardholder: _____

ATOA Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

Email: _____

Signature: _____

Instructions

- Authorization begins based on the date this form is received by ATOA
- Changes ownership, or other modifications, to this agreement requires that a new authorization form be completed in its entirety and a new \$45 filing fee be paid.
- To remove an owner, the owner being removed must submit a written and signed notification to ATOA acknowledging the same.

Entities (ranch, corporation etc.)

- Each owner/partner must sign attesting they are in agreement that the individuals listed in the bottom section 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 owners/partners may subject the ATOA member 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 partners, owners and corporate officers listed on this authorization form.
- Termination of authorization will take effect on the date received by the Association office.