## PINTO HORSE ASSOCIATION OF AMERICA, INC.

## **LEASE NOTIFICATION**



7330 NW 23RD STREET • BETHANY, OK 73008 (405) 491-0111 • FAX (405) 787-0773 WWW.PINTO.ORG



Office Use Only

An official lease of a Pinto shall be construed as a bona fide temporary change of ownership which authorizes a lessee to execute all documents pertaining to the animal, with the exception of a transfer report and/or bill of sale. All parties are responsible for knowing the current and complete lease rules and policies. All work will be processed within 3-5 weeks. Owner and all lessee's MUST have a curent membership BEFORE lease can be processed

Registered Name of Pinto: _		P	tHA Registration No.:	
Recorded Owner(s)(Lessor(s)):		Membership No.:		
Parent/Legal Guardian Name	(For owners under 18 years):			
	•			
If owned by more than one pe	erson, all owners must sign			
•		Owner's Signature:		
Lessee(s):		0		
	Phone No.:		e Filing Fee	\$ 50_
•	1 Hone 110	Includ	les owner as additional lessee.	<u> </u>
	State: Zip:	First	Lessee Fee	<u>\$ 25</u>
•	State Zip.	Tota	l First Lessee Fee	<u>\$ 75</u>
Dessee Signature.		<del></del>		
2. Print Name:				
Membership No.:	Phone No.:			
Address:				
City:	State: Zip:			
Lessee Signature:				
		Ado	ditional Lessees – \$25 each	
3. Print Name:			\$25 x =	\$
	Phone No.:			
Address:				
City:	State: Zip:			
Lessee Signature:				
Ü			Rush Fees (based on working days/hours)	
		7 0	day Rush – \$50	\$
		72	hour Rush – \$75	\$
Lease Start Date:	Lease End Date:	24	hour Rush – \$100	\$
		8 1	hour Rush – \$150	\$
(all leases expire automatically Dec. 33	1 and must be renewed annually)			
		Tot	tal of All Fees	\$
If more than three lessees, plea		Method of Payment: (IJS Funds	(Starting August 1, 2022 a 3% debit/cre	edit card
Each additional lessee is \$25 each.		Method of Payment: (US Funds) (Starting August 1, 2022 a 3% debit/credit card transaction fee will be added) CheckVisaMasterCardDiscoverAmerican Express		
Any changes to a current	t lease will require a new lease	Card No.:	•	
<u>form to be filled with all a</u>	appropriate fees. No exceptions.	Exp. Date: CV	V#:	
This form must be completed in its entirety and returned to PtHA				
	efundable fees, prior to use of subject	Signature of Card holder:		