

# STATEMENT OF SIGNATURE AUTHORITY

This form may be used to grant authority to execute American Saddlebred Registry documents and forms on behalf of the grantor(s) of the Authority.

When a horse is to be registered in a farm, stable, business, corporation or partnership name rather than the name of an individual, a Statement of Signature Authority must be filed with the ASR office stating the name(s) of all persons who are authorized to sign business transactions for that entity.

Please indicate whether one or all of the signatures below are required in connection with ASR transactions. A sample of each person's signature must be shown on the Statement of Authority.

This Signature Authority may be revoked only by a written statement of revocation signed by the Grantor of this Signature Authority and filed with the Registry. The revocation may revoke the authority of one or more, or all of the persons granted signature authority. Adding new or additional persons requires the execution of a new Statement of Signature Authority

Authority to sign transactions may be granted retroactively, but cannot be revoked retroactively.

Name of individual, corporation, LLC, Partnership, Trust, or other entity or farm or stable granting signature authority:

\_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Please specify:**       **requires all signatures**       **requires only one of these signatures**

Signature: \_\_\_\_\_ Print/Type Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Print/Type Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Print/Type Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Print/Type Name: \_\_\_\_\_

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

\_\_\_\_\_  
Grantor of Signature Authority



Please return form to:  
American Saddlebred Registry  
4083 Iron Works Parkway, Lexington, KY 40511  
(859) 259-2742 • (859) 259-1628