I _______________________________ of ____________________________________________
do hereby certify that I have leased the Percheron Mare ________________________________
_____________________ to ______________________________________________________
of____________________________________________________________________________
From  _________________________________ to  ___________________________________,
or until such time, prior to the expiration date, provided the Lessor notifies the Percheron Horse
Association, in writing, that the lease has terminated.  For registration purposes, it has been agreed
by the parties above that the Lessee is:

Select and check one or more which apply:

[ ]  (A)  Breeder and owner of any foal, bred and produced during the lease period.
[ ]  (B)  Owner only of any foal produced.
[ ]  (C)  Breeder only of foal, conceived during the lease period.
[ ]  (D)  Lease of the above mare is for the purpose of work, show, hitching, etc., and
  no rights of breeding or foal ownership applies.  However; the Percheron
  Horse Association will consider and recognize the lessee as owner, for the
  purpose of showing.

The Percheron Horse Association is authorized to accept the signature of the Lessee on all breeding
reports, and applications for registration of foals pursuant to A, B, or C above.

Date _______________   Signature ________________________________________________
Date _______________   Signature ________________________________________________

The original form is to be returned to the Percheron Horse Association of America;     Lessee
P. O. Box 141; Fredericktown, OH 43019, E-mail: percheron@percheronhorse.org, 
Fax: 740-694-3604; by the Lessee, with the appropriate fee of $15.00 member/$25.00 non-member.
The Lessor and the Lessee should also retain a copy for their records.

If paying by credit card, please include the credit card authorization form.
**Credit Card Information**

<table>
<thead>
<tr>
<th>Card Type:</th>
<th>MasterCard</th>
<th>Visa</th>
<th>Discover</th>
<th>Other: ________________________________</th>
</tr>
</thead>
</table>

Cardholder Name (as shown on card): _______________________________________________________

Card Number: ____________________________________________________________

Expiration Date (MM/YY): ____________________________________________________________

Cardholder Zip/Postal Code (from credit card billing address): _________________________________________

I, ____________________________________________, authorize the Percheron Horse Association of America to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_________________________________________     ____________________________________________
Customer Signature          Date