



ORDER FORM BACARDI VDL

Please fill in the form below and we will contact you.

INFORMATION MARE

Name of the mare

UELN number

Sire

Dam

Sire Dam

Make your choice

Studbook

INFORMATION MARE OWNER

Company name

Name

Street

ZIP Code

City

Country

VAT number

Email address

Phone number

BILLING ADDRESS (WHEN DIFFERENT THAN ADDRESS MARE OWNER)

Company name

Name

Street

ZIP Code

City

Country

VAT number





DELIVERY

Delivery date (DD/MM/YYYY)

DIFFERENT ADDRESS (HOUSE ADDRESS, STALLION KEEPER, VET)

Name / Company

name Street

ZIP Code

City

Country

TRACES number

If the delivery address is outside of Belgium, the adress MUST be registered in the TRACES system as Equine Establishment, otherwise shipment is not possible!!!

HEALTH PAPERS COSTS Europe: 105,00

REMARKS

I hereby confirm I acknowledged and accept the conditions of the contract.
Shipping costs will be charged to the mare owner according to shipping location.

Date:

Signature MARE OWNER: