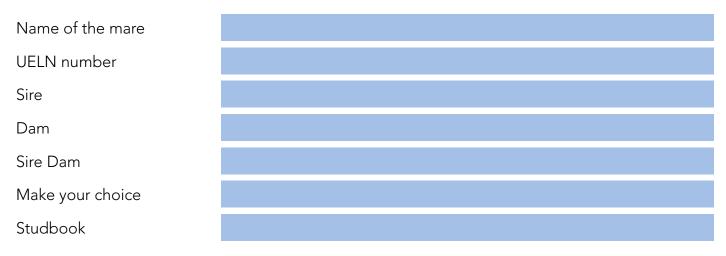


ORDER FORM BACARDI VDL

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

INFORMATION MARE



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)

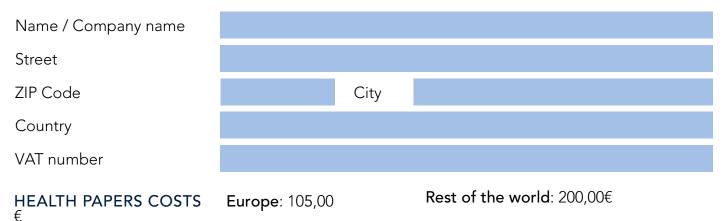
| Company name | | | |
|--------------|------|--|--|
| Name | | | |
| Street | | | |
| ZIP Code | City | | |
| Country | | | |
| VAT number | | | |
| | | | |



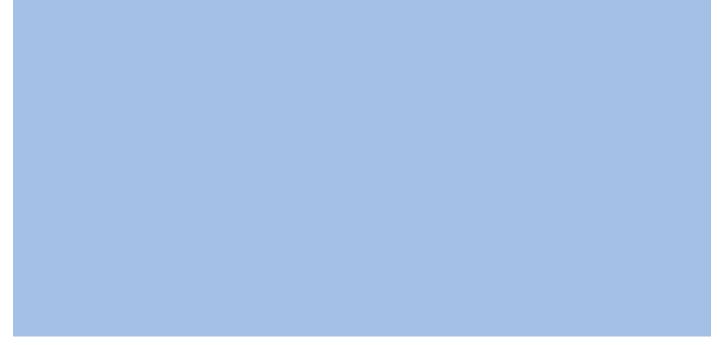
DELIVERY

Delivery date (DD/MM/YYYY)

DIFFERENT ADDRESS (HOUSE ADDRESS, STALLION KEEPER, VET)



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.