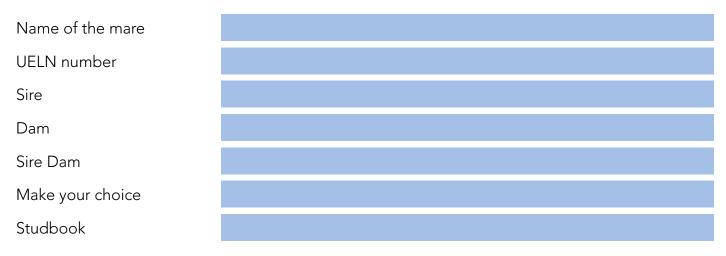


ORDER FORM BACARDI VDL

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			



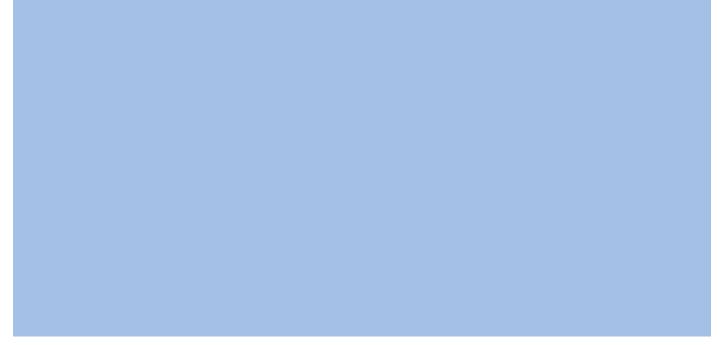
DELIVERY

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.