



The Belgian Draft Horse Corporation of America
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APPLICATION FOR REGISTERED PREFIX

I (We) hereby apply for recording of the following Registered Prefix:

Please Print Prefix Name: _____

I (We) understand that if granted and recorded with said Corporation, this registered prefix is reserved for our exclusive use with the Belgian Draft Horse Corporation of America.

This application must be signed by the person(s) applying.

Signature of Applicant(s): _____ Member/Owner #: _____
(DO NOT PRINT)

Printed Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone #: _____

The applicant does not have exclusive use of the registered prefix until granted and recorded at the office of the Belgian Draft Horse Corporation of America.

When your request is completed by our office, you will receive a certificate showing your Registered Prefix name that can only be used by you.

FEE FOR REGISTRATION OF A REGISTERED PREFIX IS \$100.00 FOR MEMBERS AND NON-MEMBERS.

Check Enclosed Credit Card – Credit Card# _____ CCV Code _____

Exp. Date: _____ / _____ Signature: _____

Printed Name: _____ Billing Zip Code # _____

Check this box if you want your credit card information kept on file.