

**Triangle Sales Office** PO Box 566 • Tecumseh, OK 74873 Phone 405-275-2196 • Fax 405-273-8959 • office@trianglehorsesales.net

## **AGENT'S AUTHORIZATION**

, 202\_\_\_\_ Date

Western Bloodstock dba Triangle Sales, I have this day appointed (the "Appointee"):

| NAM                       | E   |                          |                       |  |    |
|---------------------------|---|--------------------------|-----------------------|--|----|
| ADDI                      | RESS, CITY, STATE,  | ZIP                      |                       |  |    |
| CELL                      | _ #   | OFFICE #                 |                       | HOME #   |    |
| to act                    | t for me as my agent  | at the                   | of Solo               | Sa   | le |
| On                        |   | Name                     | of Sale               |  |    |
| 011_                      | Month, Day, Year  |                          | _•                    |  |    |
| conne                     |   | t of the sale or purchas | se of horses, to in   | ave full power and authority to act for me<br>iclude granting Triangle Horse Sales, a<br>v behalf: | in |
|                           | Authorized to execute all sale documents  |                          |                       |  |    |
|                           | Authorized to do all things incidental to and in furtherance of the sale or purchase of horses  |                          |                       |  |    |
|                           | Authorized to be paid all proceeds of the sale of any horses owned by me<br>Authorized to be paid all proceeds of the sale of any specific horse owned by me: |                          |                       |  |    |
|                           | (horse name, registration number, hip number)   |                          |                       |  |    |
|                           | · · ·   | •                        | ,                     | Il ultimately be responsible   |    |
| This a                    | agency is revocable o   | only by my written no    | tice delivered to     | you.   |    |
| NAME:                     |   | S                        | SIGNATURE:            |  |    |
|                           |   |                          |                       |  | _  |
| ADDI                      | LOO, OTT, STATE,  | ZIF                      |                       |  |    |
| CELL #                    |   | OFFICE #                 | HOME #                |  |    |
| BUSI                      | NESS NAME   |                          |                       |  |    |
| Subscribed And Sworn To M |   | Me On This               | Day Of                | , 202  |    |
| Notar                     | ry Public   |                          |                       |  |    |
|                           |   |                          | State                 |  |    |
| County                    |   |                          | My Commission Expires |  |    |