

Canadian Limousin Association

Phone (403) 253 - 7309

Fax (403) 253 -1704

APPLICATION FOR REGISTRATION OF LEASE

REGISTRATION NUMBER	TATTOO	NAME
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has been leased to:

Name: _____

Street/R.R.: _____

Town/City: _____

CLA Member #: _____

under the following conditions:

from the _____ day of _____, 20____

to the _____ day of _____, 20____

Dated this _____ day of _____, 20____.

From: _____

Signature of Lessor (or authorized representative)

*Partnership or company signatures must be
countersigned by the person authorized to sign.*

To: _____

Signature of Lessee (or authorized representative)

*Partnership or company signatures must be
countersigned by the person authorized to sign.*