

PLEASE RETURN IMMEDIATELY TO:

Colorado Horses, Inc.
911 Kimbark Street
Longmont, CO 80501

Phone: (303) 442-0258
Fax: (303) 225-8504

Company Name to Appear on Contract: _____

Address: _____

Telephone (Main Office): () _____ Camp: () _____

Email: _____

Person Responsible for Contract: _____

Person Responsible for Horses: _____

Horse Person Contact: Phone: _____ Email: _____

Number of Horses Needed: _____ (Head)

Tack? Yes _____ No _____ # of Sets _____

Kids Saddles: Yes _____ No _____ # of Sets _____

Mileage Calculation: Your delivery location is _____ miles from Longmont/Craig

Estimated Delivery Dates(s):

(No deliveries May 26, 27 or 28; July 3, 4 or 5)

Date: _____ Time: _____ Number of Horses: _____

Date: _____ Time: _____ Number of Horses: _____

Date: _____ Time: _____ Number of Horses: _____

Estimated Pickup Date:

(No pickups September 1, 2 or 3)

Date: _____ Time: _____ Number of Horses: _____

Horse Liability Insurance:

Certificate of Insurance naming Sombrero Ranches, Inc., d/b/a Colorado Horses, Inc. as
Additional Insured must be returned to Longmont office:

Insurance Company: _____

Address: _____

Agent's Name: _____ Telephone: () _____