



LEASE DETAILS

LEASEE NAME		
ESNZ #	ADDRESS	
		POSTCODE

EQUINE NAME	
ESNZ #	
EFFECTIVE DATE OF LEASE	EXPIRATION DATE OF LEASE

OWNERSHIP DETAILS

Primary Owner

ESNZ #	ADDRESS	
		POSTCODE
PHONE	MOB	

PERSON RESPONSIBLE

ESNZ #	ADDRESS	
		POSTCODE
PHONE	MOB	

OTHER OWNER

(If applicable):

ESNZ #	ADDRESS	
		POSTCODE
PHONE	MOB	

RIDER

ESNZ #	ADDRESS	
		POSTCODE
PHONE	MOB	

SIGNATURE OF OWNER / LESSOR	DATE
-----------------------------	------

SIGNATURE OF LEASEE	DATE
---------------------	------

FEE SUMMARY AND PAYMENT

	Cost	Totals
<input type="checkbox"/> Change of lease	\$30.00 (includes GST)	\$

PAYMENT OPTIONS

Please indicate which payment option you will use

Direct Credit *First-time members* please use full name

Account No.: 06 0645 0074840 04

DATE PAID

/ /

When making payment by Direct Credit please make sure to notify us of payment by returning this form via email or post.

APPLICATION TOTAL

\$

Credit Card

2.5% transaction fee applies

NAME ON CARD

CARD TYPE

EXPIRY DATE

/ /

CARD NUMBER

CVC (3 DIGITS ON THE BACK OF CREDIT CARD)

