



**THOMPSON HORSE VAN LINES LTD.  
US IMPORT HORSE(S)**

EXPORTER (SELLER) FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

IMPORTER (PURCHASER) FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

Name of Horse: \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_ Origin \_\_\_\_\_

Reason for Transport:

Show  Training  Purchase  VALUE \$ \_\_\_\_\_ CDN

AMOUNT TO CHARGE \$ \_\_\_\_\_ DATE \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ VCODE \_\_\_\_\_

NAME (AS IT APPEARS ON CREDIT CARD) \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

FAX 604 513 5958 OR SCAN [thvl@telus.net](mailto:thvl@telus.net)