

1089 Nesbitt Road Colora, MD 21917

410-658-9898 410-695-3535 fax breeding@hilltopfarminc.com www.hilltopfarminc.com

Frozen Semen Sales Agreement

	FI	Ozen Semen Sales Agre	eement	
This Frozen Semen	n Sales Agreement (the "A	greement") is entered into	as of	by and between
		ith its principal place of bu		
("Hilltop") and the	breeder listed below ("Bre	eeder").		
BREEDER INFO	ORMATION			
Breeder's Name:				
Address:				
radiess.				
Phone:	(Primary Phone)		(Alt. Phone)	
Email:				
Eman.				
1 The Breeder wis	hes to purchase semen from	m the following stallion (th	ne "Stallion)	
	•			
	ORMATION (the "Stallion	,		44.00=44.00
Stallion's Name:	Popeye	Breed/Registration N	Number: Westfalen /	41-08721-02
\$_350_ per dose, of transfer to the Bree payment in full ("F subject to a 10% of (b) The Purchase F Breeder, storage fr	or a total Purchase Price of eder upon Hilltop's acknown Purchase Date"). After the effice fee. Price includes only the purchase Date, and	\$	e in U.S. Dollars. Right tent fully executed by to no refund of the breed dditional costs of transparsed are over and above the	he Breeder and receipt of ling fee. All refunds are port of the Semen to the ne Purchase Price.
Semen to alternate of the Semen. Fail	storage facilities or open a ure to open a storage accor- result in additional storag	ys of the Purchase Date, Brain account with Select Breaunt or to move the Semen for fees charged to the Breed	eders Service, Inc. ("SI from Select Breeders w	vithin 14 days of the
		ses are payable prior to the dished rates at the time of s		ese fees are payable via the
shipping container method specified in for late return of th and will be charged	must be returned to SBS in the container documents. e shipping container. Any d to the Breeder's credit ca		e timeframe listed on the Schedule of Breedi ontainer will be the res	ne container and by the ng Fees, may be assessed sponsibility of the Breeder
(d) Hilltop requires	s that the Breeder provide v	valid credit card information	on for securing the sem	en shipping container

deposit and for any storage or shipping fees prior to each shipment of semen.

SHIPMENT DESTINATION	INFORMATION		
Attention:			
Address:			
Special Delivery Instructions:		Waive Signature:	YES or NO
Phone:	(phone)	(email)	
LIMITATION OF WARRA uality at the time of sale, with a semination dose. Proper than yother warranties, either expanded the terms of this Agreement and the terms of this Agreement esolved first by mediation before under the seminatory.	te for each breeding. No Breeding is clearly indicated and certified by NTIES: Hilltop warrants that the Satat least 30% post thaw motility and wing and usage instructions will be press or implied by law. There is not a third that the satat are the entire under transaction is deemed to take place at shall be interpreted according to fore a mediator familiar with both the satat shows the satat are the entire under the satat are the entire to the e	the breeding veterinarian. emen has been processed and test d 200 million progressively motion sent with each shipment. Breed to live foal guarantee with regard extranding between the parties with within the State of Maryland, U. Maryland law. Any disputes arise	sted and is of marketable ile sperm per ler specifically waives I to the Semen. ith regard to the subject nited States of America, sing hereunder shall be
xecuted as of the date first se	t out above:		
lilltop Farm, Inc.	The Bre	eder	
y:	By:		
s duly authorized agent			



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Hilltop Farm, Inc. Credit Card Authorization Form

The undersigned card holder hereby authorizes Hilltop Farm, Inc. and/or Select Breeders Service, Inc. to charge the credit card below for the purchase of equine semen, any storage, transfer, or shipping charges in connection with the shipment of the semen, loss of or damage to equine semen shipping containers, and for any other amounts due to Hilltop Farm, Inc. that I request be directly charged to my card.

This authorization shall last until the completion, expiration or cancellation of any contract into which I have entered with Hilltop Farm, Inc.:

Visa, American Express or MasterCard Number:	
Expiration Date:	
Verification ID # (3 digits on back of credit card):	
Name of Card Holder as it appears on card:	
Billing address for card:	
Card Holder Signature:	
Please initial below if applicable:	
I am enclosing payment for my Breeding Fee by check. OR	
Charge my Breeding Fee to my credit card at this time.	