

Credit Request

Must be completed no later than 48 hours before the sale

Date _____

To: Canadian Thoroughbred Horse Society
(Ontario Division)
P.O. Box 172
Rexdale, Ontario M9W 5L1
cthson@idirect.com , Ph 416-675-3602, Fax 416-675-9405

Sale _____

Name

Phone & Fax

Farm or Stable Name

Amount of Credit Desired

Address

Cheque Account Number

City & Prov/State

PostCode/Zip

E-mail Address

Method of Purchase (please circle one): LIVE BIDDING PHONE BIDDING ONLINE BIDDING

Are you a licensed Owner or Trainer? If yes, my # is _____
Prov. / State

My trainer's name is _____ .

The Credit Applicant, whose signature appears below, has had a chequing account at this bank for _____ years. The average balance of this account during the last two years has been in the range of \$_____.

Signed: _____

Bank Officer

Branch Office

Title

Address

Name of Bank Telephone Number

Any other information that may assist the applicant in his request (attached).

Signature of Credit Applicant: _____

Subscribed and sworn to before me on this _____ day of, _____ 20_____.
NOTARY PUBLIC OR COMMISSIONER FOR TAKING OATHS

COUNTY, _____