

# REQUEST TO PURCHASE BY CREDIT OR BY CHECK

**Complete and return to CTBA no later than one week prior to date of sale.  
(This form must be completed in full.)**

To: CTBA

201 Colorado Place  
Arcadia, CA 91007

\_\_\_\_\_ Date

Sale: \_\_\_\_\_

\_\_\_\_\_ Amount of Credit Desired

## **APPLICANT**

\_\_\_\_\_ Name

\_\_\_\_\_ Farm or Stable Name

\_\_\_\_\_ Home Phone

\_\_\_\_\_ Address

\_\_\_\_\_ E-Mail

\_\_\_\_\_ Business Phone

\_\_\_\_\_ City State Zip

Owner/Trainer Lic. # \_\_\_\_\_

State \_\_\_\_\_

Trainer's Name \_\_\_\_\_

Horses are currently racing at \_\_\_\_\_ Racetrack.

## **BANK-FINANCIAL INSTITUTION**

The Credit Applicant, whose signature appears below, has had an account with this bank for \_\_\_\_\_ years. The average balance of this account during the past two years has been in the range of \$ \_\_\_\_\_

Signed: \_\_\_\_\_

Signature of Bank Officer

\_\_\_\_\_ Account #

\_\_\_\_\_ Bank Officer (Please print)

\_\_\_\_\_ Title

\_\_\_\_\_ Name of Bank

\_\_\_\_\_ Address

\_\_\_\_\_ City and State

\_\_\_\_\_ Telephone Number

Please notify your bank or financial institution that CTBA will be contacting them about your request for credit, including two years experience of balances, lines of credit, loan performance, overdrafts, or other pertinent data.

By signing this form, Applicant and or responsible party authorizes CTBA to perform a credit investigation and if the Applicant is not an individual, the undersigned individual agrees to be personally responsible to CTBA for payment of the Applicant's account pursuant to the Conditions of Sale.

Signature of Credit Applicant: \_\_\_\_\_