

CREDIT REQUEST

Date _____

To: Canadian Thoroughbred Horse Society
(Ontario Division)
P.O. Box 172
Rexdale, Ontario M9W 5L1
Canada

Sale _____

Name		Phone & Fax
Farm or Stable Name		Amount of Credit Desired
Address		Cheque Account Number
City & Prov./State	PostCode/Zip	E-mail Address

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, _____