

Canadian Thoroughbred Horse Society Alberta Division

DATE:															
<u>BUYER INFORMATION:</u>						OFFICE USE ONLY – PREVIOUS PURCHASES									
NAME:						PAYMENT	SALE	HIP NO.	AMOUNT						
ADDRESS:															
HOME PHONE:															
BUSINESS PHONE:															
E-MAIL ADDRESS:															
TRAINER'S NAME:															
DRIVERS/OWNERS/TRAINERS LICENSE #:															
IF ACTING AS AN AGENT, WHO FOR:															
<u>BANKING INFORMATION:</u>															
BANK:															
BRANCH:															
PHONE:															
ACCOUNT:															
BRANCH MGR.:															
CREDIT LIMIT REQUIRED:															
COMMENTS:															
PREVIOUS PURCHASES:															
HAVE YOU EVER PURCHASED AT ANY OTHER SALE OR CTHS (ALBERTA DIVISION) SALES?															
2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER PURCHASED AT ANY OF THE FOLLOWING SALES?															
KEENELAND <input type="checkbox"/> FASIG-TIPTON <input type="checkbox"/> SARATOGA <input type="checkbox"/> CALIFORNIA <input type="checkbox"/> OCALA <input type="checkbox"/>															
CTHS (BC) <input type="checkbox"/> CTHS (ONT) <input type="checkbox"/> OTHER: <input type="checkbox"/>															
IF YES, WHAT YEARS?															
CREDIT APPROVED:															
(Initials)															

