

CREDIT APPLICATION
REQUEST TO PURCHASE BY CHECK

This form must be on file with the Sale Management 10 days before the sale

Date _____

Credit Amount Requested _____

Social Security Number _____

Name _____

Farm or Stable Name _____

Address _____

City _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

Business Phone _____

If Licensed Owner/Trainer# _____ State _____

Trainers Name _____ Phone Number _____

The 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 _____.

Signature of Bank Officer _____

Bank Officer's name (Please Print) _____

Title _____

Name of Bank _____

Address _____

City _____

State _____

Zip _____

Direct Phone # for Bank Officer _____

Bank FAX # _____

Signature of Credit Applicant _____

By signing this Credit request, applicant authorizes LAES sale management to perform credit investigation.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

State of _____ County of _____

My commission expires on _____

Send completed application to:
PCQHRA, P.O. Box 919, Los Alamitos, CA 90720