

Buyer Registration Form

2017 PEGASUS TRAINING & REHABILITATION TWO-YEAR-OLDS IN TRAINING AND HORSES OF RACING AGE SALE

_____, 201__
(Date)

Method of Payment:

___ Cash

___ Personal Check ___ Company Check ___ Cashier's Check

Expected dollar amount of purchases: _____

Purchases will be made in the name of: _____

Name of responsible party (if other than above):

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Social Security Number: _____

E-mail Address: _____

(_____) _____
Telephone – Home

(_____) _____
Telephone – Business or Cell

(_____) _____
Fax Number

Trainer's Name

• BOTH PAGES MUST BE COMPLETED •

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

Account No. _____

Signature of Bank Officer _____

Bank Officer (please print)

Title

Name of Bank _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Signature of Credit Applicant

*By signing this Credit Request, applicant authorizes
Pegasus Training and Rehabilitation to perform a credit investigation*

• BOTH PAGES MUST BE COMPLETED •