

# CREDIT APPLICATION

## FIFTEEN (15) DAY CREDIT APPLICATION FOR THE TATTERSALLS SELECT MIXED SALE

The Lexington Trots Breeders Association, LLC  
d/b/a/Tattersalls  
P.O. Box 2200  
Briarcliff Manor, NY 10510  
NY Office: (914) 773-7777  
Fax: (914) 773-1633

All purchases must be paid for at the time of sale. However, if you complete this credit application and return it to the sales office, and you have subsequently receive advice from Tattersalls that this credit application has been approved by Tattersalls prior to the commencement of the sale, you will be provided a release for your purchases with the acknowledgment that you will make payment for your purchases in full within fifteen (15) days of the sale. Tattersalls cannot extend credit to buyers other than through this approval of fifteen (15) day credit. All credit purchases are subject to the Conditions of Sale, including Condition #9 for Default.

Date \_\_\_\_\_

Amount of Credit Requested \$ \_\_\_\_\_

Purchases will be in the name of \_\_\_\_\_

Person Responsible for Account \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Social Security Number \_\_\_\_\_

or Passport Number \_\_\_\_\_

Telephone: Home (    ) \_\_\_\_\_ Bus. (    ) \_\_\_\_\_

Fax (    ) \_\_\_\_\_ Mob. (    ) \_\_\_\_\_

### To be completed by Bank Officer

The credit applicant whose signature is below has had an account with this bank for \_\_\_\_\_ years. There have not been any overdrafts in the past three years and the credit applicant remains in satisfactory standing with our banking establishment.

Applicant Account Number \_\_\_\_\_

Bank Officer's Name \_\_\_\_\_ Title \_\_\_\_\_

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

Address \_\_\_\_\_

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

Telephone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Bank Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this form, applicant authorizes Tattersalls to perform a credit investigation and if applicant is not an individual, the undersigned agrees to be personally responsible to Tattersalls for payment of the applicant's account pursuant to the Conditions of Sale. Please notify your bank that Tattersalls will be contacting the bank about your request for credit.

Applicant Signature \_\_\_\_\_

Please submit this application one week prior to the sale to: **DAVID REID**