

CREDIT REQUEST

_____ 20_____
Date

To: CANADIAN THOROUGHBRED HORSE SOCIETY
(Alberta Division)
#401, 255 - 17th Ave S.W.
Calgary, Alberta T2S 2T8

Name Phone _____

Farm or Stable Name Amount of credit Desired _____

Address Chequing Account Number _____

City

Are you a Licensed Owner or Trainer? If yes, my No. is _____
Prov. State

My trainer's name is _____
The Credit Applicant, whose signature appears below, has had a chequing account
with this bank for _____ years. The average balance of this account during the
past two years has been in the range of \$_____.

*Signed _____

(*Without a valid signature by your bank officer, no credit will be allowed).

Name of Bank Branch Office Address _____

Bank Officer City _____

Title Area Code Telephone _____

Purchases made recently are the following sales. (Include name, date and location
of sale) _____

Credit Officer of above sale _____

Signature of Credit Applicant _____