



CREDIT REQUEST

Date

To: CANADIAN THOROUGHBRED HORSE SOCIETY
(British Columbia Division)
17687 – 56A Avenue
Surrey, B.C. V3S 1G4

Sale

Name Phone & Fax

Farm or Stable Name Amount of Credit Desired

Address Cheque Account Number

City Province Postal Code

Are you a licensed Owner or Trainer? License # (if yes) _____
Prov./State

My trainer's name is _____

The credit applicant, whose signature appears below, has had a chequing account at this bank for _____ years. The average balance of this account during the last two years has been in the range of \$ _____.

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

Bank Officer Branch Office

Title Address

Name of Bank Telephone Number

Any other information that may assist the applicant in their request (attached).

Signature or Credit Applicant _____

Subscribed and sworn to before me on this _____ day of _____ 20_____

NOTARY PUBLIC OR COMMISSIONER FOR TAKING OATHS

COUNTRY, _____