

The Canadian Thoroughbred Horse Society



#7 – 5492 Production Blvd, Surrey, BC V3S 8P5 604.534-0145 Fax 604.534-CTHS (2847) Email cthsbc@cthsbc.org BC Division

CREDIT REQUEST FORM

SALE DATE:

To: *CANADIAN THOROUGHBRED HORSE SOCIETY (BC Division)*
#7 – 5492 Production Blvd.
Surrey, BC V3S 8P5

Title:	First Name	Last Name	
Farm or Stable Name		Address	
City		Prov. & Postal Code	
Telephone No.		Telephone Mobile No.	
Email		Amount of Credit Desired	Cheque Acct. No.
Are you a licensed Owner or Trainer?	If yes Prov. or State	My trainer's name is	

To be completed by your financial institution

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 \$	
Bank Officer:	Branch Office
Title:	Name of Financial Institution:
Address:	City, Prov. Postal Code
Bank Officer Signature	Any other information that may assist the applicant's request.

Signature of Credit Applicant	Date
-------------------------------	------