



Barretts Equine Limited Buyer Registration Form

Date

Name of Sale

Method of Payment:

____ Personal Check ____ Company Check ____ Cashier's Check ____ Cash

____ Credit Card No. _____ Exp. _____

Expected Amount
of Purchases _____

Purchases will be made
in the name of _____

Name of responsible party (if other than above)

Address

City

State

Zip Code

Social Security Number

e-mail address

(____) _____
Telephone Home

(____) _____
Business

(____) _____
Fax Number

Trainer's Name

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_____(_____)_____
Name of Institution Phone Number

Officer to be contacted

Address City & State

Account Number(s)

Signature of Credit Applicant

By signing this Credit Request, applicant authorizes Barretts to perform a credit investigation. Please notify your bank that Barretts will be contacting them regarding this application.

To be completed by Bank Officer

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

Name of Bank Officer (Please Print) Title

Signature of Bank Officer

REVERSE SIDE MUST BE COMPLETED

Barretts Equine Limited
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(909) 629-3099 Fax (909) 629-2155