

REQUEST TO PURCHASE BY CHECK

Return to Texas Quarter Horse Assoc. at least five (5) days before sale.
This form must be completed in full and notarized.

Date _____

Amount of Credit Desired \$ _____

To: Texas Quarter Horse Association, 706 W. 11th St., Suite D, Elgin, TX 78621

Applicant Name _____

Phone Number(s) _____

City, State, Zip _____

Social Security Number _____

Driver's License Number _____ State _____

Business Name _____

If Licensed Owner/Trainer, Number & State _____

Trainer's Name _____

The Credit Applicant, named above and signed below, has had an account with this bank for _____ years, with an average balance in the range of \$ _____.

Signature of Bank Officer _____

Bank Officer Name & Title _____

Name of Bank _____

Address _____

Signature of Credit Applicant _____

Subscribed and sworn to me on this _____ day of _____, _____

NOTARY PUBLIC _____

City _____

County _____

My Commission Expires: _____