



CREDIT REQUEST

_____ 20____
Date

To: CANADIAN THOROUGHBRED HORSE SOCIETY
(Alberta Division)
#128, 720 - 28th Street N.E.
Calgary, Alberta T2A 6R3

Name

Phone

Farm or Stable Name

Amount of Credit Desired

Address

Chequing Account Number

City

Are you a Licensed Owner or Trainer?

☐

Yes

☐

No

If yes, my license number is

Prov./State _____

My trainer's name is _____

Name of Bank

Branch Office Address

Bank Officer

City

Title

Area Code Telephone

Signature of Credit Applicant _____