

Canadian Thoroughbred Horse Society National Office

Please complete form and remit to:

Canadian Thoroughbred Horse Society National Office 93 Skyway Avenue, Unit 106 Etobicoke, Ontario, M9W 6N6

Etobicoke, Ontario, M9W 6N E: info@cthsnational.com T: (416) 675-1370		
Sale: 2025 National Digita	l Mixed Sale November 2	20 - 25, 2025
Date:	Amount of Credit F	Requested: \$
NAME		
ADDRESS		
CITY		
PROVINCE/STATE	POSTAL/ZIP CODE	
PHONE: HOME/OFFICE	PHONE: MOBILE	
EMAIL ADDRESS		
Financial Information to	be Supplied by Applica	ant
name and title, name of the account; recent account sta	e institution, telephone num tement; average balance du the institution's letterhead	Bank, Credit Union, or Broker including the officer's aber that includes the following information: type of uring the past two years; and existing lines of credit, and signed by the account officer. Documents can the address above.
		ighbred Horse Society and/or its Divisions to perform itution they may be contacted regarding your credit
SIGNATURE		
PRINT NAME		