Canadian Thoroughbred Horse Society
National Office

CREDIT APPLICATION

Please complete form and remit to:

Canadian Thoroughbred Horse Society - National Office
93 Skyway Avenue, Unit 106
Etobicoke, Ontario, M9W 6N6
E: info@cthsnational.com T: (416) 675-1370

Sale: 2026 National Digital Mixed Sale | November 19 - 24, 2026

Date: _____ Amount of Credit Requested: $ _____

_____
NAME

_____
ADDRESS

_____ _____ _____
CITY PROVINCE/STATE POSTAL/ZIP CODE

_____ _____ _____
PHONE: HOME/OFFICE PHONE: MOBILE EMAIL ADDRESS

Payment is due 15 days after the sale. If you do not wish to be invoiced, payment is expected within 60 minutes of the fall of the hammer. The financial institution that you list below will be contacted concerning your request for credit. Please advise them. Alternatively you may provide a letter from your financial institution, Bank, Credit Union, or Broker including the officer's name and title, name of the institution, telephone number that includes the following information: type of account; recent account statement; average balance during the past two years; and existing lines of credit. The information must be on the institution's letterhead and signed by the account officer. Documents can be sent via email to info@cthsnational.com or mailed to the address above.

Financial Information:

Name of Institution _____ Bank Officer _____

Address _____

Telephone No. _____ Fax No. _____ Account No._____

To expedite the credit process, you may send a current bank statement to info@cthsnational.com. Please make sure your bank statement shows the name as provided on your credit request, a current date, and a current balance. Statements older than the month prior to the sale will not be accepted.

By signing this form, you authorize the Canadian Thoroughbred Horse Society and/or its Divisions to perform a credit investigation in connection with this application. Please notify your financial institution they may be contacted regarding your credit request. The undersigned warrants that all information is true, correct and complete and acknowledges that CTHS will rely on such information in deciding whether or not to extend credit or grant bidding privileges. By submitting this form, the undersigned agrees to comply with and be bound by CTHS Conditions of Sale.

_____
SIGNATURE

_____
PRINT NAME