

# Los Alamitos Equine Sale, Co., LLC

## BUYER REGISTRATION FORM

\_\_\_\_\_

Date

\_\_\_\_\_

Social Security, Driver's License  
or Passport Number

Method of Payment:

\_\_\_\_\_ Cash

\_\_\_\_\_ Personal Check    \_\_\_\_\_ Company Check    \_\_\_\_\_ Cashier's Check

Expected Dollar Amount of Purchases \$ \_\_\_\_\_

Purchases will be made in the name of \_\_\_\_\_

\_\_\_\_\_

Name of responsible party(if other than above)

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

e-mail address

(\_\_\_\_\_) \_\_\_\_\_

cell phone

(\_\_\_\_\_) \_\_\_\_\_

business phone

(\_\_\_\_\_) \_\_\_\_\_

fax number

Trainer's Name

• REVERSE SIDE MUST BE COMPLETED •

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## BUYER REGISTRATION FORM

The Applicant whose signature appears below 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 \$\_\_\_\_\_

\_\_\_\_\_  
Signature of Bank Officer

\_\_\_\_\_  
Account No.

\_\_\_\_\_  
Bank Officer (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Address

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Direct phone number  
for bank officer

Fax Number

Signature of Applicant \_\_\_\_\_

By signing this Buyer Registration Form, applicant authorizes LAES sale management to perform a credit investigation.

**Send completed form to: LAESC, P.O. Box 919, Los Alamitos, CA 90720**  
**Fax: 714-236-1761 e-mail: [pcqhra@earthlink.net](mailto:pcqhra@earthlink.net)**

Subscribed and sworn to before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**NOTARY PUBLIC**

\_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_

My Commission Expires on: \_\_\_\_\_

• REVERSE SIDE MUST BE COMPLETED •