

Los Alamitos Equine Sale, Co., LLC

BUYER REGISTRATION FORM

Date

Social Security, Driver's License
or Passport Number

Method of Payment:

_____ Cash _____ Wire

_____ 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: office@pcqhra.com

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 •