



Lexington Selected Yearling Sale – Rebilling request

I, _____, purchaser of Hip # _____
Name of Purchaser Hip# Name of Yearling

Hereby request the Lexington Selected Yearling Sale to bill one or more third parties for all or part of the price of the horse for which I have signed the acknowledgement as purchaser listed above. I acknowledge I remain liable to pay all charges, including late charges in the event of nonpayment or other failure of any third parties billed at my request.

Person(s) to bill (please list percentages and complete address and phone numbers)

Name: _____ Percentage _____%

Address: _____

City: _____ State / Prov: _____ Zip / Postal Code: _____

Email address: _____ Fax # (_____) _____ - _____

Name: _____ Percentage _____%

Address: _____

City: _____ State / Prov: _____ Zip / Postal Code: _____

Email address: _____ Fax # (_____) _____ - _____

Name: _____ Percentage _____%

Address: _____

City: _____ State / Prov: _____ Zip / Postal Code: _____

Email address: _____ Fax # (_____) _____ - _____

Name: _____ Percentage _____%

Address: _____

City: _____ State / Prov: _____ Zip / Postal Code: _____

Email address: _____ Fax # (_____) _____ - _____
