

# CREDIT APPLICATION

FIFTEEN (15) DAY CREDIT APPLICATION  
FOR THE LEXINGTON SELECTED YEARLING SALE

**SUBMIT TO SALES OFFICE PRIOR TO SEPTEMBER 13, 2023**  
**APPLICATIONS FROM OUTSIDE THE USA MUST BE SUBMITTED**  
**THREE WEEKS PRIOR TO THE START OF THE SALE**

The Lexington Selected Yearling Sales Co., LLC  
PO Box 8790, Lexington, KY 40533  
(859) 255-8431 • Fax (859) 255-0302

All purchases must be paid for at the time of sale. However, if you complete this credit application and return it to the sales office, and you have subsequently received advice from Lexington Selected Yearling Sales Co., LLC, hereafter referred to as "LSYS, LLC," that this credit application has been approved by LSYS, LLC prior to the commencement of the sale, you will be provided a release for your purchases with the acknowledgment that you will make payment for your purchases in full within fifteen (15) days of the sale. LSYS, LLC cannot extend credit to buyers other than through this approval of fifteen (15) day credit. All credit purchases are subject to the Conditions of Sale, including Condition #9 for Default.

Amount of Credit Requested \$ \_\_\_\_\_ Date \_\_\_\_\_

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

Person Responsible for Account \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

or Passport Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Bus. ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Mob. ( ) \_\_\_\_\_

Name of Trainer \_\_\_\_\_

State Licensed \_\_\_\_\_

Stabled at \_\_\_\_\_

Insurance Agent \_\_\_\_\_

### To be completed by Bank Officer

The credit applicant whose signature is below has had an account with this bank for \_\_\_\_\_ years. There have not been any overdrafts in the past three years and the credit applicant remains in satisfactory standing with our banking establishment. The average balance of this account during the past 2 years has been in the range of \_\_\_\_\_. There have \_\_\_\_ have not \_\_\_\_ been overdrafts in the past two years.

Applicant Account Number \_\_\_\_\_

Bank Officer's Name \_\_\_\_\_ Title \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Bank Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this form, applicant authorizes LSYS, LLC to perform a credit investigation and if applicant is not an individual, the undersigned agrees to be personally responsible to LSYS, LLC for payment of the applicant's account pursuant to the Conditions of Sale. Please notify your bank that LSYS, LLC will be contacting the bank about your request for credit.

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

Please submit this application by September 13, 2023 to: **SHERRY LANE**