

CREDIT APPLICATION

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

**SUBMIT TO SALES OFFICE PRIOR TO SEPTEMBER 1st 2024
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 11, 2024 to: **SHERRY LANE**