## **BUYER APPLICATION**

Please complete entire form and mail to:

**Texas Thoroughbred Association** 192 Cimarron Park Loop, Ste A

Buda, TX 78610

Phone: 512.458.6133 • Fax: 512.453.5919

Sale:			Date:	
Anticipated F	Purchase Ar	nount \$		
Purchases w	ill be in the	name of:		
To be paid by	<b>/:</b> □ Cash □	Cashier's Check		
	□ Personal	Check □ Other	:	
Social Security	y # (if cash o	r cashier's chec	k):	
DOB:				
Driver License # Star				
Occupation:				
Person respon	nsible for pa	yment:		
Address:				
City:		State:	Zip:	
Telephone:	Bus. (	)		
Email:				
Signature:				

Individual's signature on this buyer application form is an acknowledgment of his/her full and complete understanding of all terms and conditions of this sale as stated in the sale catalogue and his/her agreement to be bound thereby.