

# Buyer Registration Form

Keeneland Sales

## Complete this section to register to bid:

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

Name of responsible party (if other than above) \_\_\_\_\_

### Billing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Method of Payment

<input type="checkbox"/> Personal Check	<input type="checkbox"/> Wire Transfer
<input type="checkbox"/> Company Check	<input type="checkbox"/> Travelers Checks
<input type="checkbox"/> Cashiers Check	

SSN \_\_\_\_\_ or Int'l Drivers No. \_\_\_\_\_

or Passport No. \_\_\_\_\_

### Telephones:

Home \_\_\_\_\_ Office \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

**Expected Amount of Purchases**    \$ \_\_\_\_\_

This section to be completed if you wish to be invoiced for your purchases. Payment is due 15 days after the last day of the sale. If you do not wish to be invoiced, payment is expected within 30 minutes of the fall of the hammer. The financial institution that you list below will be contacted concerning your request for credit. Please advise them.

### Financial Information

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax Number \_\_\_\_\_

Account No. \_\_\_\_\_

Officer to be Contacted \_\_\_\_\_

By signing this form applicant and/or responsible party authorizes Keeneland Association, Inc. to perform a credit investigation and if the applicant is not an individual, the undersigned individual agrees to be personally responsible to Keeneland for payment of the applicant's account pursuant to the Conditions of Sale.

### Signature of Applicant/Responsible Party

\_\_\_\_\_