

Buyer Registration Form

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:

SSN _____ or Int'l Drivers No. _____

or Passport No. _____

Home Telephone _____ Office Telephone _____

Mobile _____ Fax _____

Email address _____

I want to contribute to NTRA (.25%) _____ Yes _____ No

Expected Amount of Purchases	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

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 60 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. Further, by signing this form, applicant and responsible party agree to comply with and abide by all payment terms, payment and sales conditions, and processes of Keeneland.

Signature of Applicant/Responsible Party _____ _____
